

1R - 426-40

**GENERAL
CORRESPONDENCE**

YEAR(S):

2006 -

2003

RICE Operating Company

122 West Taylor • Hobbs, New Mexico 88240
Phone: (505)393-9174 • Fax: (505) 397-1471

CERTIFIED MAIL
RETURN RECEIPT NO. 7005 1820 0001 6804 7715

April 17, 2006

Mr. Wayne Price
New Mexico Energy, Minerals, & Natural Resources
Oil Conservation Division, Environmental Bureau
1220 S. St. Francis Drive
Santa Fe, New Mexico 87504

RE: BD jct. J-26
PUBLIC NOTIFICATION
NMOCD CASE #1R0426-40

Mr. Price:

In accordance with Rule 19 (Section 19.15.1.19 NMAC, Subsection G) Public Notice requirements, please accept the enclosed copies of proof that the appropriate individuals and entities were notified of the Stage 1 Abatement Plan submitted by the consulting firm of R.T. Hicks Consultants of Albuquerque for the J-26 Junction Box Site.

Notices were sent via certified mail to landowners within the prescribed radius. Mailings were also sent to the Lea County Commission and the list of Interested Parties found on the New Mexico Oil Conservation Division (OCD) website. Two mail deliveries could not be confirmed so the document was sent via electronic mail (e-mail). Eighty-five total notifications were sent and eleven were not able to be delivered; some were attempted two or more times.

As directed by OCD, the Stage 1 Abatement Plan notifications were published in the *Albuquerque Journal* and the *Hobbs News-Sun* newspapers. Affidavits for these publications are enclosed.

ROC requests that OCD consider public notice complete for this site. Should you have any further questions regarding this request, do not hesitate to contact me. Thank you for your consideration.

AP-57 - ^{PRICE}
NEW RECORD

ROC is the service provider (operator) for the Blinebry-Drinkard (BD) SWD System and has no ownership of any portion of the pipeline, well, or facility. The System is owned by a consortium of oil producers, System Partners, who provide all operating capital on a percentage ownership/usage basis.

RICE OPERATING COMPANY

A handwritten signature in black ink that reads "Kristin Farris Pope". The signature is written in a cursive, flowing style.

Kristin Farris Pope
Project Scientist

enclosures: summary table of notifications,
 newspaper affidavits,
 return receipt copies,
 e-mail copies

cc: CDH, Hicks Consultants, file, Daniel Sanchez (OCD),

Mr. Chris Williams
OCD, District I Office
1625 N. French Drive
Hobbs, NM 88240

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, Daniel Russell

Editor

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period

of _____

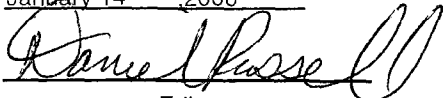
1 issue(s).

Beginning with the issue dated

January 14, 2006

and ending with the issue dated

January 14, 2006

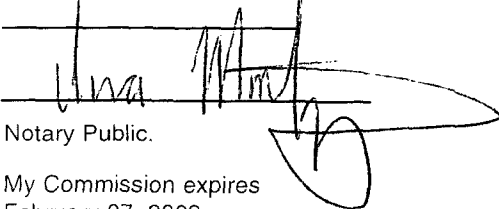


Editor

Sworn and subscribed to before

17th day of

January, 2006



Notary Public.

My Commission expires
February 07, 2009

(Seal)



OFFICIAL SEAL
DORA MONTZ
NOTARY PUBLIC
STATE OF NEW MEXICO

My Commission Expires: _____

LEGAL NOTICE
January 14, 2006

NOTICE OF PUBLICATION

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 and 2 Abatement Plan has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Engineering Manager, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage 1 and 2 Abatement Plan for the J-26 Junction Box site, Blinberry Drinkard Salt Water Disposal System located 1 mile north-northwest of the intersection of NM State Highway 18 and County Highway 176 near Eunice, NM in the NWE 1/4, SE 1/4 of Section 26, Township 21 South, Range 37 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal system at the site. Chlorides and total dissolved solids have been observed in the ground water and remedial efforts have been ongoing since discovery. The Stage 1 and 2 Abatement Plan addresses further proposed actions for site closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 and 2 Abatement Plan may be viewed at the above address or at the Oil Conservation Division District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted to him.

#22070

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

01104367000 67535573
RICE OPERATING COMPANY
122 WEST TAYLOR
HOBBS NM 88240

STATE OF NEW MEXICO

County of Bernalillo

SS

Bill Tafoya, being duly sworn, declares and says that he is Classified Advertising Manager of **The Albuquerque Journal**, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for 1 times, the first publication being on the 14 day of Jan., 2006 and the subsequent consecutive publications on _____, 20____.

Sworn and subscribed to before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 16 day of Jan. of 2006

PRICE \$40.05

Statement to come at end of month.

ACCOUNT NUMBER C82274

CLA-22-A (R-1/93)

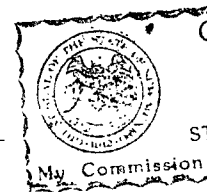
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Energy, Minerals and Natural
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Journal: January 14, 2006



	Landowner or Interested Party	Delivery Status			Comments
		Delivered US Mail	Delivered E-mail	Not Delivered	
1	City of Eunice P.O. Box 147 Eunice, NM 88260	X			Return Receipt Received
2	Delrose Scott 2000 N. Fowler Hobbs, NM 88220		X		Unclaimed Mail; e-mailed 4/5/2006
3	Geraldine Osborne P.O. Box 1285 Jal, NM 88252			X	Return receipt was not received
4	Patricia House P.O. Box 3715 Midland, TX 79702	X			Return Receipt Received
5	Richard Don and Cathy Jones P.O. Box 21 Eunice, NM 88231	X			Return Receipt Received
6	William O. Stephens P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
7	Lea County Administration Office Attn: Lue Ethridge 100 N. Main Street, Suite 4 Lovington, NM 88260	X			Return Receipt Received
8	Texas - New Mexico Railroad P.O. Box 409783 Atlanta, GA 30384 - 9782	X			Return Receipt Received
9	Jonhston Construction Inc P.O. Drawer 1769 Eunice, NM 88231	X			Return Receipt Received
10	Gilbert's Leasing Service Inc. P.O. Box 1597 Lovington, NM 88260	X			Return Receipt Received
11	Fall Properties Inc. P. O. Drawer T Elephant Butte, NM 87935	X			Return Receipt Received
12	Richard F. Anderson 2900 Vista Del Rey #20C Albuquerque, NM 87112			X	Undeliverable mail, not able to forward; re-sent 3/1/06, Unclaimed
13	Kenneth V. Blackwell P.O. Box 53180 Lubbock, TX 79453	X			Return Receipt Received

14	B. W. Caperton P.O. Box 391 Eunice, NM 88231	X			Return Receipt Received
15	Maria Collins Johnny Collins 300 Rincor De Ramos Rio Rancho, NM 87124	X			Return Receipt Received
16	New Mexico State Hwy. & Trans. Dept. P. O. Box 1149 Santa Fe, NM 87504	X			Return Receipt Received
17	Calico Properties LLC 500 Zia Drive Hobbs, NM 88240	X			Return Receipt Received
18	Mark Owen Estate William Owen P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
19	Wayne Aderson P.O. Box 1491 Eunice, NM 88231	X			Return Receipt Received
20	Runco Inc. 8100 W. Alabama Hobbs, NM 88240	X			Return Receipt Received
21	Joe Alden Bayes P.O. Box 173 Eunice, NM 88231	X			Return Receipt Received
22	Mary E. Brewer ET AL P.O. Box 821 Eunice, NM 88231	X			Return Receipt Received
23	Joe Allen Caperton P.O. Box 1028 Eunice, NM 88231	X			Return Receipt Received
24	Royce Crowell P.O. Box 146 Eunice, NM 88231	X			Return Receipt Received
25	James E. Gardner P. O. Box 1244 Eunice, NM 88231	X			Return Receipt Received
26	Glen A. Teaque P.O. Box 533 Eunice, NM 88231	X			Return Receipt Received
27	Eddie J. Harpier P.O. Box 124 Eunice, NM 88231	X			Return Receipt Received
28	Patricia House ET AL P.O. Box 3715 Midland, TX 79702	X			Return Receipt Received
29	Richard Don Jones P.O. Box 21 Eunice, NM 88231	X			Return Receipt Received
30	Elmer K. Logan P.O. Box 21 Eunice, NM 88231			X	Undeliverable mail, not able to forward

31	Patrick McCasland Linda L. McCasland P.O. Box 218 Eunice, NM 88231	X			Return Receipt Received
32	G. Nicely ET UX Linda Linda Nicely P.O. Box 567 Eunice, NM 88231			X	Unclaimed mail
33	Eva Owens Heirs Of Stephens FM ATT P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
34	Bart D. Parker P.O. Box 846 Eunice, NM 88231	X			Return Receipt Received
35	Jose G. Gonzalez P.O. Box 462 Eunice, NM 88231			X	Undeliverable mail, not able to forward
36	Jose Hernandez P.O. Box 413 Eunice, NM 88231	X			Return Receipt Received
37	Phifer Hollis P.O. Box 38 Eunice, NM 88231	X			Return Receipt Received
38	H. J. Jenkins P.O. Box 97 Eunice, NM 88231			X	Undeliverable mail, not able to forward
39	Tom Kennan P.O. Box 202 Eunice, NM 88231	X			Return Receipt Received
40	Jimmy D. Martin P.O. Box 416 Eunice, NM 88231	X			Re-sent 3/1/06 Return Receipt Received
41	Eva Owens William Owen Stephens P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
42	Kathleen Parker P.O. Box 1291 Eunice, NM 88231	X			Return Receipt Received
43	Duayne Parker Eoyce Crowell P.O. Box 1334 Eunice, NM 88231	X			Return Receipt Received
44	Bobby L. Pearce Trust P.O. Box 316 Eunice, NM 88231	X			Return Receipt Received
45	W. H. Robbins P.O. Box 1643 Eunice, NM 88231	X			Return Receipt Received

46	Joel W. Sisk P.O. Box 1013 Eunice, NM 88231	X			Return Receipt Received
47	Robert Soukup P.O. Box 1094 Eunice, NM 88231			X	Undeliverable mail, not able to forward
48	Carol Thorton P.O. Box 3 Tex - NM Camp Eunice, NM 88231	X			Return Receipt Received
49	Mitchell R. Tyree P.O. Box 665 Eunice, NM 88231	X			Return Receipt Received
50	Ruth L. Willard P.O. Box 589 Eunice, NM 88231	X			Return Receipt Received
51	Tommie Williams P.O. Box 1355 Eunice, NM 88231	X			Return Receipt Received
52	Traci Reams 2000 N. Fowler Hobbs, NM 88240			X	Unclaimed mail
53	Richard Robinson P.O. Box 1334 Eunice, NM 88231	X			Return Receipt Received
54	E. A. Smith P.O. Box 1778 Eunice, NM 88231			X	Undeliverable mail, not able to forward; re-sent 3/1/06, not deliverable as addressed/insufficient address
55	John B. Stewart P.O. Box 657 Eunice, NM 88231			X	Undeliverable mail, not able to forward
56	Eva Toussaint 1761 Colavita Reno, NV 89521	X			Return Receipt Received
57	Jimmie Weir P.O. Box 184 Center Point, TX 78010	X			Return Receipt Received
58	Attorney General's Office P.O. Box 1508 Santa Fe, NM 87504	X			Return Receipt Received

59	Bruce S. Garber Attorney at Law P.O. Box 0850 Santa Fe, NM 87504-0850 Email: bsg@garbhall.com	X			Return Receipt Received
60	State Director Bureau of Land Management P.O. Box 27115 Santa Fe, NM 87502-0115	X			Return Receipt Received
61	Chief Groundwater Bureau Runnels Building Santa Fe, NM 87504 Email: Bill.Olsen@state.nm.us	X			Return Receipt Received
62	Chief Hazardous Waste Bureau Runnels Building Santa Fe, NM 87504 E-Mail: James.Bearzi@state.nm.us	X			Return Receipt Received
63	Gerald R. Zimmerman Colorado River Board of Calif. 770 Fairmont Ave. Ste 100 Glendale, CA 91203-1035 E-mail: jcc_crb@pacbell.net	X			Return Receipt Received
64	Jack A Barnett Colorado River Basin Ctrl. Forum 106 West 500 South Suite 101 Bountiful, UT 84010 Email: James.Bearzi@state.nm.us	X			Return Receipt Received
65	Department of Game & Fish Director Villagra Building Santa Fe, NM 87503	X			Return Receipt Received
66	Dr. Harry Bishara P.O. Box 748 Cuba, NM 78013	X			Return Receipt Received
67	Colin Adams Environmental Counsel Public Service Company of new Mexico 414 Silver, Southwest Albuquerque, NM 87158 Email: cadams@pnm.com	X			Return Receipt Received
68	Mike Schulz International Technology Corp. 5301 Central Avenue, N.E. Suite 700 Albuquerque, NM 87108 E-mail: mschulz@theitgroup.com			X	Undeliverable mail, not able to forward
69	Jay Lazarus P.O. Box 5727 Santa Fe, NM 87502 E-mail: Lazarus@glorietageo.com	X			Return Receipt Received

70	Ken Marsh CRI PO BOX 388 Hobbs NM 88240 E-mail: ken@carihobbs.com	X			Return Receipt Received
71	Lee Wilson & Associates P.O. Box 931 Santa Fe, N.M. 87501 E-mail: lwa@lwasf.com	X			Return Receipt Received
72	Ned Kendrick Attorney at Law 325 Paseo de Peralta Santa Fe, NM 87501 E-mail: ekendrick@montand.com	X			Return Receipt Received
73	Secretary New Mexico Environment Department P.O. Box 26110 Santa Fe, NM 87504 E-mail: Cathy.Tyson@state.nm.us	X			Return Receipt Received
74	Lynn Brandvold NM Bureau of Mines & Mineral Resources NM Institute of Mining & Tech. Socorro, NM 87801	X			Return Receipt Received
75	NM Oil & Gas Association P.O. Box 1864 Santa Fe, NM 87504-1864	X			Return Receipt Received
76	Randy Hicks E-mail: r@rthicksconsult.com	X			Return Receipt Received
77	Soil and Water Conservation Bureau New Mexico Department of Agriculture Programs and Resources Division Box 30005/APR Las Cruces, NM 88003-8005	X			Return Receipt Received
78	Chris Shuey Southwest Research & Information Center P.O. Box 4524 Albuquerque, NM 87106 E-mail: sricdon@earthlink.net	X			Return Receipt Received
79	Ron Dutton Southwestern Public Service P.O. Box 1261 Amarillo, Texas 79170 E-mail: ron.dutton@xcelenergy.com	X			Return Receipt Received
80	Elmo Baca State Historic Preservation Officer 228 East palace Avenue Villa Rivera Room 101 Santa Fe, NM 87503 Wishes to be notified via regular mail	X			Return Receipt Received
81	Director State Parks & Recreation 1220 S. St. Francis Santa Fe, NM 87505	X			Return Receipt Received

82	Field Supervisor US Fish & Wildlife Service 2105 Osuna Road, Northeast Albuquerque, NM 87113-1001	X			Return Receipt Received
83	Regional Forester USFS Regional Office 517 Gold Avenue SW Albuquerque, NM 87102 E-mail: cgarcia@fs.fed.us		X		Undeliverable mail, not able to forward; e-mailed 4/10/2006
84	State Engineer Water Resources Division Bataan Building Santa Fe, NM 87503	X			Return Receipt Received
85	William Turner New Mexico Trustee for Natural Resources C/O American Ground Water Consultants 610 Gold St. SW, Suite 111 Albuquerque, NM 87102	X			Return Receipt Received
TOTALS		72	2	11	

Kristin Pope

From: "Kristin Pope" <kpope@riceswd.com>
To: <gscott4444@aol.com>
Cc: "Ron Anderson" <randerson@riceswd.com>
Sent: Wednesday, April 05, 2006 2:03 PM
Attach: J26_Public_Notice.doc
Subject: J-26 Public Notice

Mrs. Scott:

In accordance with the NMOCD Rule 19 Public Notice requirements, please find the attached public notification document. This document was originally mailed to you on January 10, 2006 but a the two attempted mailing were left unclaimed. Please contact ROC or NMOCD with any comments. Thank you.

Kristin Farris Pope
Project Scientist
RICE Operating Company
Hobbs, New Mexico
(505) 393-9174

4/5/2006

Kristin Pope

From: "Kristin Pope" <kpope@riceswd.com>
To: <cgarcia@fs.fed.us>
Sent: Monday, April 10, 2006 2:44 PM
Attach: J26_Public_Notice.doc
Subject: Rule 19 Public Notice (J-26)

Regional Forester:

In accordance with the NMOCD Rule 19 Public Notice requirements, please find the attached public notification document. This document was originally mailed to you on January 10, 2006 but a return receipt was not received. Thank you.

Kristin Farris Pope
Project Scientist
RICE Operating Company
Hobbs, New Mexico
(505) 393-9174

4/10/2006

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: **USFS Regional Office**
 Street, Apt. No., or PO Box No.: **Reginal Forester**
 City, State, ZIP+4: **517 Gold Avenue SW Albuquerque, NM 87102**

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) G. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (transfer from service label) **7005 1820 0001 6804 2109**

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-10-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

USFS Regional Office
 Reginal Forester
 517 Gold Avenue SW
 Albuquerque, NM 87102

RICE Operating Compe
 122 West Taylor
 Hobbs, NM 88240

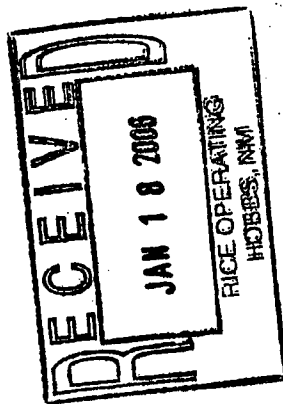
RECEIVED
 JAN 23 2006
 RICE OPERATING
 HOBBS, NM

CERTIFIED MAIL™
 NOT DELIVERABLE
 RETURN TO SENDER
 7005 1820 0001 6804 2109

USFS Regional Office
 Reginal Forester
 517 Gold Avenue SW
 Albuquerque, NM 87102

7005 1820 0001 6804 2109

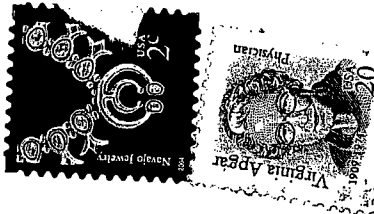
RICE Operating Company
122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 3731

- ☒ Not Deliverable As Addressed
- Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Ret. For Better Address
- ☐ Postage Due

John B Stewart
PO BOX 657
Eunice, NM 88231



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John B Stewart
PO BOX 657
Eunice, NM 88231

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 3731

PS Form 3811 February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

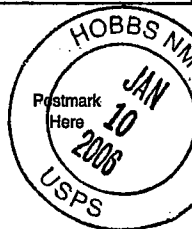
3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

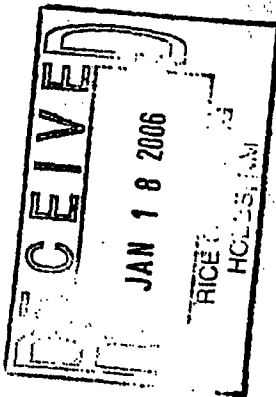


Sent To John B Stewart
Street, Apt. No., or PO Box No. PO BOX 657
City, State, ZIP+4 Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

RICE Operating Company
122 West Taylor
Hobbs, NM 88240



- Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receipts
☐ Box Closed - No Order
☐ Return For Better Address
☐ Postage Due

E A Smith
PO BOX 1084
Eunice, NM 88231



7005 1620 0001 6804 3724

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.39
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.83
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sent To: E A Smith
Street, Apt. No., or PO Box No.: PO BOX 1084
City, State, ZIP+4: Eunice, NM 88231
PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise
☐ Registered ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

E A Smith
PO BOX 1084
Eunice, NM 88231

2. Article Number

(Transfer from service label)
PS Form 3811, February 2004

7005 1620 0001 6804 3724

Domestic Return Receipt

102595-02-M-1540

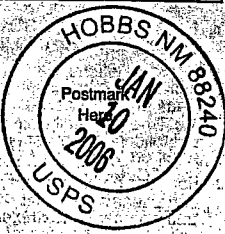
7005 1820 0001 6804 3786

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To: **Traci Reams**
Street, Apt. No., or PO Box No.: **2000 N Fowler**
City, State, ZIP+4: **Hobbs, NM 88240**

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number: 7005 1820 0001 6804 3786

Domestic Return Receipt PS Form 3811, February 2004 102585-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Traci Reams
2000 N Fowler
Hobbs, NM 88240

2. Article Number

PS Form 3811, February 2004

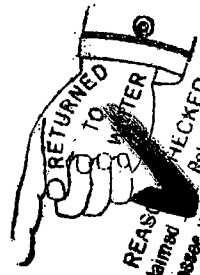
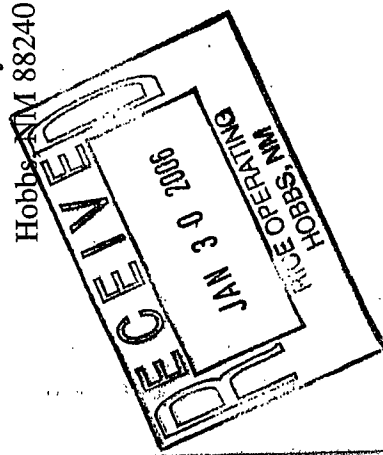
CERTIFIED MAIL™



7005 1820 0001 6804 3786

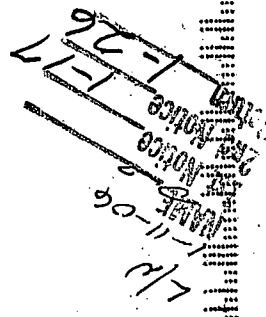
RICE Operating Company

122 West Taylor
Hobbs, NM 88240



REASON FOR RETURN: ☒ Unclaimed ☐ Addressed Incorrectly ☐ Insufficient Address ☐ No such street ☐ No such office in state ☐ No post office in state

Traci Reams
2000 N Fowler
Hobbs, NM 88240



7005 1820 0001 6804 3786

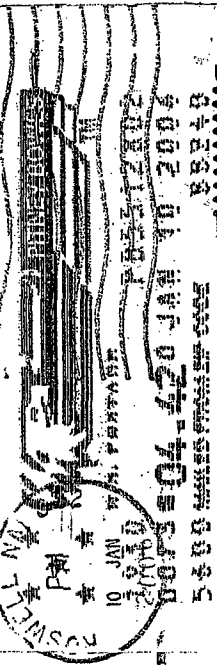
RICE Operating Compa
122 West Taylor
Hobbs, NM 88240

RECEIVED
JAN 18 2006
RICE OPERATING COMPANY
HOBBS, NM

7005 1820 0001 6804 3694

- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receipt
- ☐ Box Closed - No Order
- ☐ Return To Better Address
- ☐ Postage Due

Robert Soukup
PO BOX 1094
Eunice, NM 88231



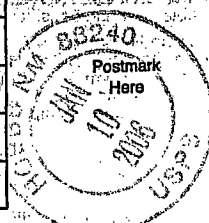
7005 1820 0001 6804 3694

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To Robert Soukup
Street, Apt. No., or PO Box No. PO BOX 1094
City, State, ZIP+4 Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Soukup
PO BOX 1094
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 3694

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mitchel R Tyree
PO BOX 665
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 3700

Domestic Return Receipt

May 2004

102595-02-M-1540

OFFICIAL USE

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

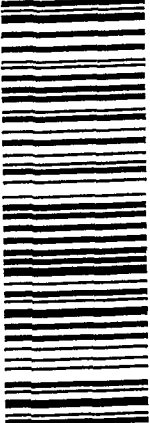
For delivery information visit our website at www.usps.com



Postage	\$.39
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 4.69
Total Postage & Fees	\$ 8.33

ing Company
Taylor
88240

CERTIFIED MAIL™



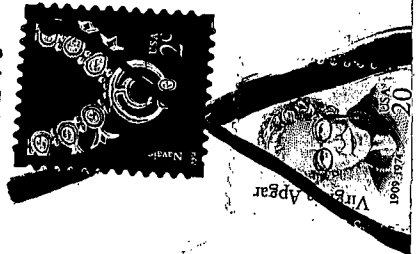
7005 1820 0001 6804 3700



- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ No Such Street
- ☐ No Mail Receiptable
- ☐ Box Closed - No Order
- ☐ Return For Better Address
- ☐ Postage Due

NAME
1st Notice 1-11
2nd Notice 1-18
Return 1-26

Mitchel R Tyree
PO BOX 665
Eunice, NM 88231



000E 4089 T000 028T 5002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Tommie Williams
PO BOX 1355
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0001 6804 3649

Domestic Return Receipt

102595-02-M-1540

See Reverse for Instructions

Sent to
Tommie Williams
PO BOX 1355
Eunice, NM 88231

Street, Apt. No.,
or PO Box No.,
City, State, ZIP+4

Postage	\$.39
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 4.10
Total Postage & Fees	\$ 8.74

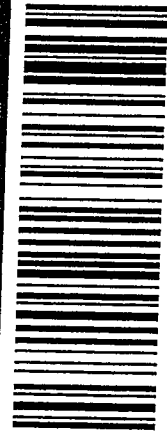
OFFICIAL USE

(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

Operating Company

West Taylor
NM 88240

7005 1820 0001 6804 3649

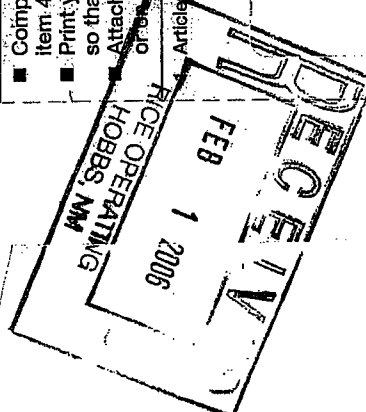


POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
0043504-42
AM 10 2006
5596

- ☐ Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☒ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed - No Order
☐ Refused For Better Address
☐ Postage Due

NAME
1st Notice 1-11
2nd Notice 1-23
Return 1-26

Tommie Williams
PO BOX 1355
Eunice, NM 88231



PLACE STICKER HERE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Delrose Scott
2000 N. Fowler
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 0390 0000 9980 3906
Domestic Return Receipt
2004 10285-02-M-1540

erating Company
est Taylor
NM 88240

For delivery information visit our website at www.usps.com

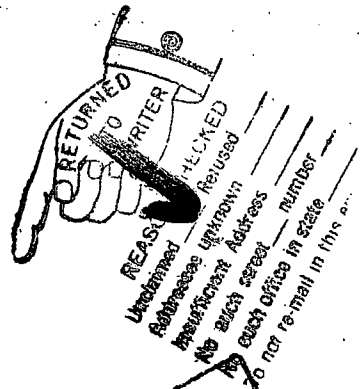
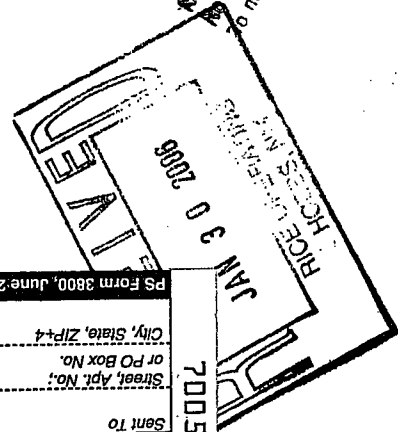
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	Certified Fee	Return Receipt Fee	Restricted Delivery Fee	Total Postage & Fees
\$.39	2.40	1.85		\$ 4.64

PS Form 3800, June 2002

Delrose Scott
2000 N. Fowler
Hobbs, NM 88240

City, State, ZIP+4



Delrose Scott
2000 N. Fowler
Hobbs, NM 88240



7005 0390 0000 9980 3906



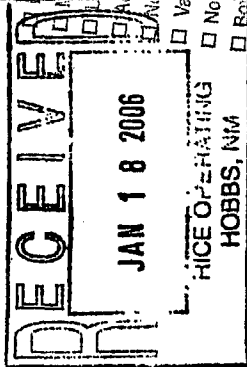
1st Notice 1-17
2nd Notice 1-20
Return 1-20

3324082303 006



RICE Operating Company

122 West Taylor
Hobbs, NM 88240



- ☒ Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed ☐ Refused
- Attempted - Not Known
- Such Street ☐ Number
- Variant ☐ Illegible
- No Mail Receiptable
- Box Closed - No Order
- Ret. and For Better Address
- Postage Due

NAME
1st Notice
2nd Notice
Return

Maria Collins
Johnny Collins
PO BOX 781
Eunice, NM 88231

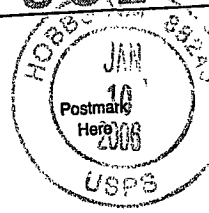


7005 1820 0001 6804 3274

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+

Maria Collins
PO BOX 781
Eunice, NM 88231

J-26

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Maria Collins
Johnny Collins
PO BOX 781
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 3274

PS Form 3800, February 2004

Domestic Return Receipt

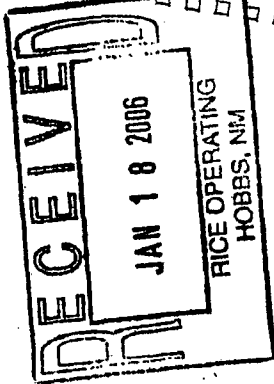
102595-02-M-1540

RICE

Operating Company

122 West Taylor

Hobbs, NM 88240



- Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed - No Order
☐ Return to Sender For Better Address
☐ Postage Due

Richard F Anderson
PO BOX 1053
Euncie, NM 88231

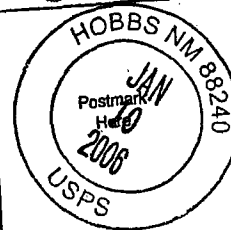


CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 0.39
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sent To

Richard F Anderson

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PO BOX 1053
Euncie, NM 88231

See Reverse for Instructions

PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard F Anderson
PO BOX 1053
Euncie, NM 88231

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

RICE
Operating Company
122 West Taylor
Hobbs, NM 88240

RECEIVED
JAN 18 2006
RICE OPERATING
HOBBS, NM

- ☐ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed - No Order
☐ Flat ☐ For Better Address
☐ Postage Due

NAME
1st Notice
2nd Notice
Return

Jonhston Construction Inc
PO BOX 837
Eunice, NM 88231



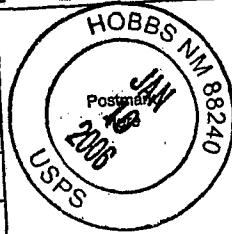
7005 1820 0001 6804 3311
JAN 10 2006
PM 2
ROSEMONT, IL

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.04



Sent To Jonhston Construction Inc J-26
Street, Apt. No., or PO Box No. PO BOX 837
City, State, ZIP+4 Eunice, NM 88231
PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jonhston Construction Inc
PO BOX 837
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type:
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 3311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Linda Nicely
PO BOX 567
Eunice, NM 88231

RECEIVED
FEB 1 2006
RICE OPERATING
HOBBS, NM

2. Article Number

(Transfer from service label)

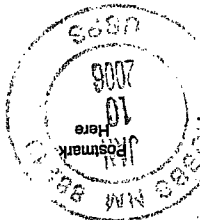
7005 1820 0001 6804 3564

January 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com



Postage	\$ 3.39
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 4.69
Total Postage & Fees	\$ 12.33

Sent To Linda Nicely
PO BOX 567
Eunice, NM 88231
City, State, ZIP+4
PS Form 3800, June 2002



- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed
- ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ Number Vacant
- ☐ Illegible
- ☐ No Mail Receiptable
- ☐ Box Closed - No Order
- ☐ Refused For Better Address
- ☐ Postage Due

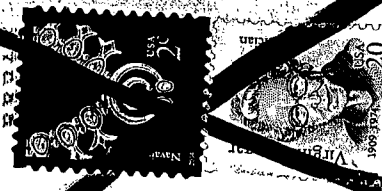
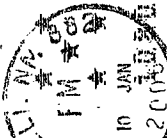
COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
<input checked="" type="checkbox"/>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, enter delivery address below:		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

CERTIFIED MAIL™



7005 1820 0001 6804 3564



Linda Nicely
PO BOX 567
Eunice, NM 88231

NAME
1st Notice 1-7-06
2nd Notice 1-15-06
Return 1-20-06

Postage Due

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G Nicely ET UX Linda
PO BOX 567
Eunice, NM 88231

2. Article Number

(Transfer from service label)

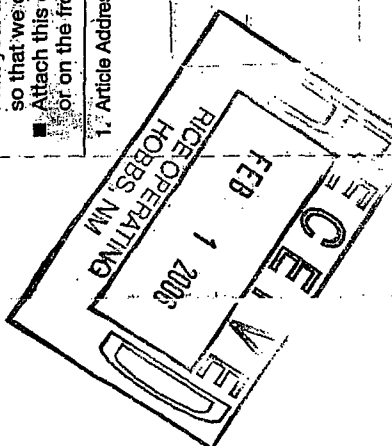
7005 1820 0001 6804 3496

Domestic Return Receipt

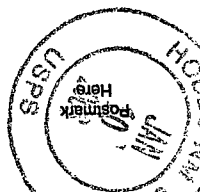
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> Addressee		
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type		
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes



CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

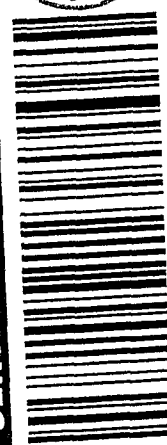


Postage	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees
\$ 39	\$ 2.40	\$ 1.85	\$ 4.64	

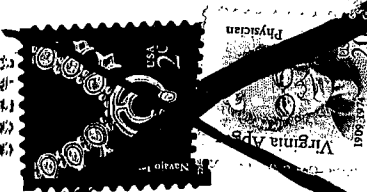
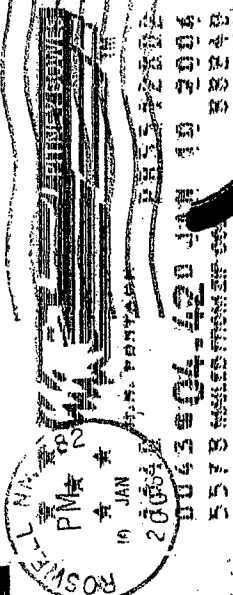
Sent To: G Nicely ET UX Linda
PO BOX 567
Eunice, NM 88231
City, State, ZIP+4
Street, Apt. No. or PO Box No.

See Reverse for Instructions

CERTIFIED MAIL™

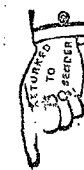


7005 1820 0001 6804 3496



G Nicely ET UX Linda
Linda Nicely
PO BOX 567
Eunice, NM 88231

NAME
1st Notice 1-11
2nd Notice 1-13
Return 1-26

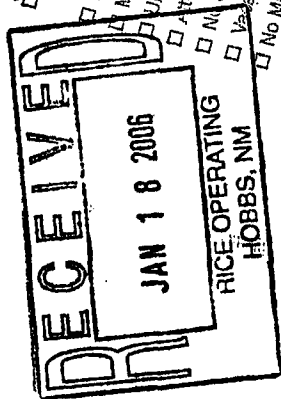


- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☒ Unclaimed
- ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ Number
- ☐ Vacant
- ☐ Illegible
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Return For Better Address
- ☐ Postage Due

96HE 4089 T000 028T 5002

102595-02-M-1540

RICE Operating Company
122 West Taylor
Hobbs, NM 88240



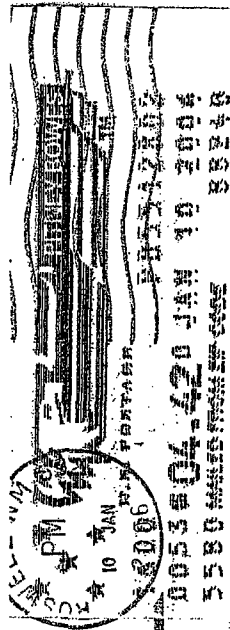
- ☒ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed
☐ Attempted - Refused
☐ Attempted - Not Known
☐ No Such Street
☐ No Mail Recapture
☐ Box Closed - No Order
☐ Rel. For Better Address
☐ Postage Due

NAME
1st Notice
2nd Notice
Return

Elmer K Logan
PO BOX 1923
Eunice, NM 88231



7005 1820 0001 6804 3458



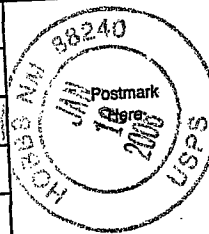
7005 1820 0001 6804 3458

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 39
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sent To Elmer K Logan
Street, Apt. No., or PO Box No. PO BOX 1923
City, State, ZIP+4 Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☐ Express Mail ☐ Certified Mail ☒ Return Receipt for Merchandise
☐ Registered ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elmer K Logan
PO BOX 1923
Eunice, NM 88231

2. Article Number
(Transfer from service label)

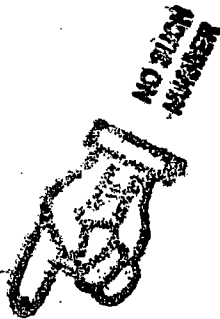
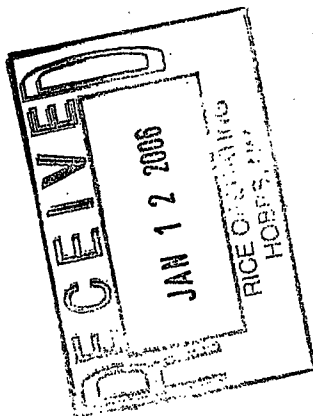
7005 1820 0001 6804 3458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

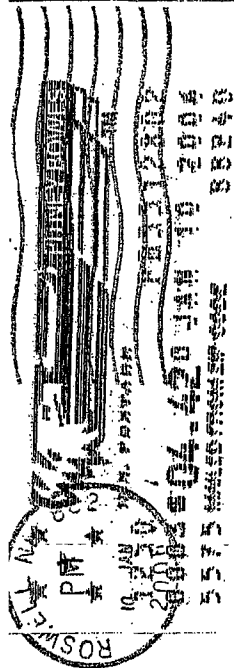
RICE Operating Company
122 West Taylor
Hobbs, NM 88240



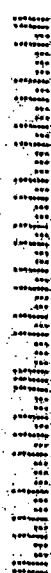
Glen A Teague
3016 Pine Rd
Hobbs, NM 88240



7005 1820 0001 6804 3502



88240/5999



7005 1820 0001 6804 3502

CERTIFIED MAIL
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.04

Sent To: Glen A Teague
Street, Apt. No., or PO Box No.: 3016 Pine Rd
City, State, ZIP+4: Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Glen A Teague 3016 Pine Rd Hobbs, NM 88240</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0001 6804 3502</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jose G Gonzalez
PO BOX 462
Eunice, NM 88231

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent ☐ Addressee ☒
B. Received by (Printed Name) [Signature] C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

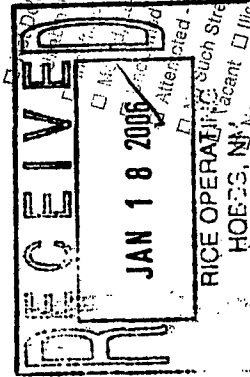
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1620 0001 6804 3588

Domestic Return Receipt

102595-02-M-1540

RICE Operating Company
122 West Taylor
Hobbs, NM 88240



NAME Jose G Gonzalez
1st Notice 1-11
2nd Notice 1-11
Return 1-11

7005 1620 0001 6804 3588



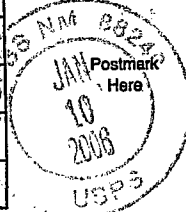
Jose G Gonzalez
PO BOX 462
Eunice, NM 88231

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 3.39
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sent To Jose G Gonzalez J-26
Street, Apt. No., or PO Box No.
City, State, ZIP+4 PO BOX 462
Eunice, NM 88231

PS Form 3800, June 2002

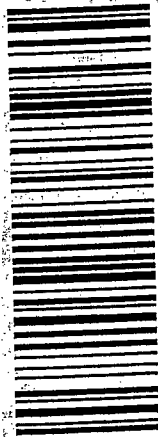
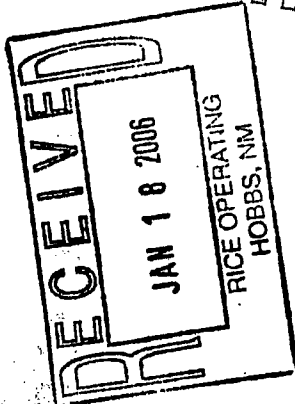
See Reverse for Instructions

7005 1620 0001 6804 3588

RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 3557

- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Ret. For Better Address
- ☐ Postage Due

Jimmy D Martin
PO BOX 585
Eunice, NM 88231



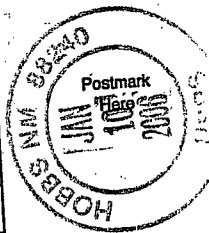
7005 1820 0001 6804 3557

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.64



Sent To: Jimmy D Martin
Street, Apt. No., or PO Box No.: PO BOX 585
City, State, ZIP+4: Eunice, NM 88231

PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Address
C. Date of Delivery	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jimmy D Martin
PO BOX 585
Eunice, NM 88231

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 3557

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

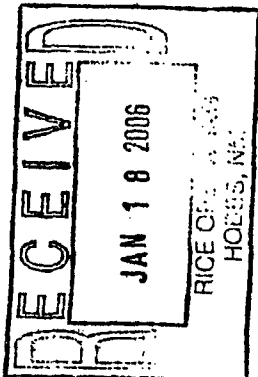
Domestic Return Receipt

102595-02-M-1540

RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



- ☒ Not Deliverable As Addressed
- Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Undelivered ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Return For Better Address
- ☐ Postage Due

H J Jenkins
PO BOX 97
Eunice, NM 88231



7005 1820 0001 6804 3618

OFFICIAL MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.39
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64

Sent To H J Jenkins
Street, Apt. No., or PO Box No. PO BOX 97
City, State, ZIP+4 Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions



COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ G.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
2. Article Number (Transfer from service label)
3. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
4. Print your name and address on the reverse so that we can return the card to you.
5. Attach this card to the back of the mailpiece, or on the front if space permits.

H J Jenkins
PO BOX 97
Eunice, NM 88231

7005 1820 0001 6804 3618

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

RICE
Operating Company
122 West Taylor
Hobbs, NM 88240



★ ★ ★
★ ★ ★
★ ★ ★
1210
0083504-640 JAN 10 2004
5555 MALES FROM HOME CASE

7005 1820 0001 6804 2000



☐ Undelivered
☐ Addressed
☐ Moved
☐ Unknown
☐ Returned
☐ Attempted - Not Known
☐ No Such Street
☐ No Such Number
☐ No Receptacle
☐ Deceased
☐ Vacant

RECEIVED
JAN 17 2006
RICE OPERATING
HOBBS, NM

OFFICIAL USE

Postage \$ 39
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64

Sent To: International Technology Corp.
Mike Schulz
5301 Central Avenue, NE Suite 700
Albuquerque, NM 87108

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return this card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

International Technology Corp.
Mike Schulz
5301 Central Avenue, NE Suite 700
Albuquerque, NM 87108

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7005 1820 0001 6804 2000

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

NM Oil & Gas Association
PO BOX 1864
Santa Fe, NM 87504-1864

BD J-26

Article Number

(Transfer from service label)

7005 1820 0001 6804 2031

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

JAN 17 2006
USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

New Mexico Environmental Department
Secretary
PO BOX 26110
Santa Fe, NM 87504

BD J-26

Article Number

(Transfer from service label)

7005 1820 0001 6804 2147

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

JAN 18 2006
USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Elmo Baca
8 East Palace Avenue
Albuquerque, NM 87503

BD J-26

Article Number

(Transfer from service label)

7005 1820 0001 6804 2048

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

JAN 17 2006
USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Turner NM Trustee for Natural Resources
C/O American Ground Water Consultants
610 Gold St. SW, Suite 111
Albuquerque, NM 87102

BD J-26

Article Number

(Transfer from service label)

7005 1820 0001 6804 2161

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

JAN 18 2006
USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

<p>ORDER: COMPLETE THIS SECTION</p> <p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p style="text-align: center;">Dr. Harry Bishara PO BOX 748 Cuba, NM 87013</p>	<p style="text-align: right; font-size: 1.5em; font-weight: bold;">BD J-26</p> <p style="text-align: right;">7005 1820 0001 6804 2024</p> <p style="text-align: right;">Form 3811, February 2004</p>
<p>COMPLETE THIS SECTION ON DELIVERY</p>	
<p>1. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p style="text-align: center;"><i>[Signature]</i></p>	
<p>2. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"><i>Bishara</i> <i>11/2/06</i></p>	
<p>3. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number</p> <p>Transfer from service label)</p>	

<p>UNDER: COMPLETE THIS SECTION</p> <p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px;"> <p>A. Signature <u><i>Don</i></u></p> </td> <td style="width: 20%; border: none; padding: 5px;"> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"> <p>B. Received by (Printed Name) <u><i>Don Hernandez</i></u></p> </td> <td style="border: none; padding: 5px;"> <p>C. Date of Delivery <u><i>1/11/06</i></u></p> </td> </tr> <tr> <td colspan="2" style="border: none; padding: 5px;"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> </td> </tr> </table>	<p>A. Signature <u><i>Don</i></u></p>	<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name) <u><i>Don Hernandez</i></u></p>	<p>C. Date of Delivery <u><i>1/11/06</i></u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>A. Signature <u><i>Don</i></u></p>	<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>						
<p>B. Received by (Printed Name) <u><i>Don Hernandez</i></u></p>	<p>C. Date of Delivery <u><i>1/11/06</i></u></p>						
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>							

<p>Article Addressed to:</p> <p style="text-align: center;">Southwestern Public Service Ron Dutton PO BOX 1261 Amarillo, TX 79170</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

<p>Article Number</p> <p><u><i>BDJ526</i></u></p>	<p>7005 1820 0001 6804 2246</p>
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(Transfer from service label)

Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US Fish & Wildlife Service
Field Supervisor
2105 Osuna Road, Northeast
Albuquerque, NM 87113-1001

2. Article Number
(Transfer from service label)

BD 5-26

7005 1111

Domestic Rate

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Southwest Research & Information Center
Chris Shuey
PO BOX 4524
Albuquerque, NM 87106

2. Article Number
3.D.5-212

(Transfer from service label)

7005

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>X S. J. D.</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Sandra J. Goyale</i>	C. Date of Delivery <i>1-18-</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
20 0001 6804 2086	
irm Receipt	
102595-02-M-154	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) KILLER GUY	C. Date of Delivery JAN 12 2009
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express-Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
WND JAN 20 2009 11 58 AM 6804 2222 5	

102556-02-M-15-

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Lea County Administration Office
 Attn: Lue Ethridge
 100 N. Main Street, Suite 4
 Lovington, NM 88260

J-26

Article Number
 (Transfer from service label) 7005 1620 0001 6804 5483
 S-Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Antewes* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Antewes* C. Date of Delivery *1-11-04*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William O. Stephens
 P.O. Box 115
 Eunice, NM 88231

J-26

Article Number
 (Transfer from service label) 7005 0390 0000 9980 3883
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *William O Stephens* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Ken Marsh
 CRI
 PO BOX 388
 Hobbs, NM 88241

BD J-26

Article Number
 (Transfer from service label) 7005 1620 0001 6804 2017
 S-Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ken Marsh* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Ken Marsh* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bureau of Land Management
 State Director
 PO BOX 27115
 Santa Fe, NM 87502-0115

BD J-26

Article Number
 (Transfer from service label) 7005 1620 0001 6804 1980
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ken Marsh* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

AN 12 2006

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Bobby L Pearce Trust
PO BOX 316
Eunice, NM 88231

J-26

Article Number
Transfer from service label) 7005 1820 0001 6804 3656
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
B. Received by (Printed Name) B. Pearce
C. Date of Delivery 1-12-06
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Kathleen Parker
PO BOX 1291
Eunice, NM 88231

J-26

Article Number
Transfer from service label) 7005 1820 0001 6804 3625
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
B. Received by (Printed Name) Kathleen Parker
C. Date of Delivery 1-12-06
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eva Owen
PO BOX 115
Eunice, NM 88231

Article Number
Transfer from service label) 7005 1820 0001 6804 3571
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Duayne Parker
PO BOX 1334
Eunice, NM 88231

Article Number
Transfer from service label) 7005 1820 0001 6804 3632
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
B. Received by (Printed Name) William O. Stephens
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
B. Received by (Printed Name) Kathleen Parker
C. Date of Delivery 1-12-07
D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below:

PO BOX 1147
Eunice, NM 88231-0147

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Gilbert's Leasing Service Inc

PO BOX 1597
Lovington, NM 88260

5-26

Article Number 7005 1820 0001 6804 3335
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Bart D Parker

PO BOX 846
Eunice, NM 88231

5-26

Article Number 7005 1820 0001 6804 3489
Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Joe Allen Caperton

PO BOX 1028
Eunice, NM 88231

5-26

Article Number 7005 1820 0001 6804 3366
Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Eva Owens
PO BOX 115
Eunice, NM 88231

5-26

Article Number 7005 1820 0001 6804 3472
Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p>Richard Robinson</p> <p>PO BOX 1334</p> <p>Eunice, NM 88231</p> </div> <p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>Signature: <u>Eunice Robinson</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <u>Eunice Robinson</u> <u>1/12/06</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>7-24</p> <p>7005 1820 0001 6804 3779</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>						
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;"> <p>Mark Owen Estate William Owen PO BOX 115 Euncie, NM 88231</p> </div>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number (Transfer from service label)</p>	<p>7005 1820 0001 6804 3427</p>						
<p>PS Form 3811, February 2004</p>							

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Jamies E Gardner
PO BOX 1244
Eunice, NM 88231

Article Number
(Transfer from service label) 7005 1820 0001 6804 3342

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jam E Gardner ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jose Hernandez
PO BOX 413
Eunice, NM 88231

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 3595

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Socorro Hernandez ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 1-13-06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

City of Eunice
P.O. Box 147
Eunice, NM 88260

Article Number
(Transfer from service label) 7005 0390 0000 9980 3852

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Michael Blount ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 1-12-06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eddie J Harpier
PO BOX 124
Eunice, NM 88231

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 3519

PS Form 3811, February 2

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Sandra Harper ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Royce Crowell
PO BOX 146
Eunice, NM 88231

Article Number
(Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 3359

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mary E Brewer ET AL
PO BOX 821
Eunice, NM 88231

Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 3373

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Calico Properties LLC
500 Zia Drive
Hobbs, NM 88240

Article Number
(Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 3410

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

City Of Eunice
PO BOX 147
Eunice, NM 88231

Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 3304

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Cathy Jones <input type="checkbox"/> Agent B. Received by (Printed Name) <u>Cathy Jones</u> C. Date of Delivery <u>1-12-06</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to: Richard Don and Cathy Jones P.O. Box 21 Eunice, NM 88231		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Article Number (Transfer from service label) <u>7005 1820 0000 9980 3876</u>		102595-02-M-1540	
Form 3811, February 2004		Domestic Return Receipt	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Darlene Bayes <input type="checkbox"/> Agent B. Received by (Printed Name) <u>Darlene Bayes</u> C. Date of Delivery <u>1-12-06</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to: Joe Alden Bayes PO BOX 173 Eunice, NM 88231		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Article Number (Transfer from service label) <u>7005 1820 0000 6804 3397</u>		102595-02-M-1540	
Form 3811, February 2004		Domestic Return Receipt	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Carol J. Waddy <input type="checkbox"/> Agent B. Received by (Printed Name) <u>Carol J. Waddy</u> C. Date of Delivery <u>1-12-06</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to: Carol Thorton PO BOX 3 Tex - NM Camp Eunice, NM 88231		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Article Number (Transfer from service label) <u>7005 1820 0000 6804 3663</u>		102595-02-M-1540	
Form 3811, February 2004		Domestic Return Receipt	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> B.W. Caperton <input type="checkbox"/> Agent B. Received by (Printed Name) <u>B.W. Caperton</u> C. Date of Delivery <u>1-12-06</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to: B.W. Caperton PO BOX 931 Eunice, NM 88231		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Article Number (Transfer from service label) <u>7005 1820 0000 6804 3267</u>		102595-02-M-1540	
Form 3811, February 2004		Domestic Return Receipt	

COMPLETE THIS SECTION ON DELIVERY

A. Signature Cathy Jones ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Cathy Jones C. Date of Delivery 1-12-06
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

Richard Don Jones
 PO BOX 21
 Eunice, NM 88231

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label) 7005 1820 0001 6804 3441 102595-02-M-1540
 S-Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Runco Inc
 8100 W Alabama
 Hobbs, NM 88240

Article Number (Transfer from service label) 7005 1820 0001 6804 3380 102595-02-M-1540
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
 B. Received by (Printed Name) [Signature] C. Date of Delivery 1-12-06
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label) 7005 1820 0001 6804 3380 102595-02-M-1540
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Cathy Jones C. Date of Delivery 1/11/06
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

Patricia House ET AL
 PO BOX 3715
 Midland, TX 79702

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label) 7005 1820 0001 6804 3533 102595-02-M-1540
 S-Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Patrick McCasland
 PO BOX 218
 Eunice, NM 88231

Article Number (Transfer from service label) 7005 1820 0001 6804 3465 102595-02-M-1540
 PS-Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
 B. Received by (Printed Name) [Signature] C. Date of Delivery 1-12-06
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label) 7005 1820 0001 6804 3465 102595-02-M-1540
 PS-Form 3811, February 2004 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

New Mexico State Hwy & Trans Dept
PO BOX 1149
Santa Fe, NM 87504

Article Number

(Transfer from service label)

7005 1820 0001 6804 3403

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Kenneth V Blackwell
PO BOX 53180
Lubbock, TX 79453

Article Number

(Transfer from service label)

7005 1820 0001 6804 3250

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Texas - New Mexico Railroad
PO BOX 409783
Atlanta, GA 30384-9783

Article Number

(Transfer from service label)

7005 1820 0001 6804 3328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Patricia House
P.O. Box 3715
Midland, TX 79702

Article Number

(Transfer from service label)

7005 0390 0000 9980 3890

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

W H Robbins
PO BOX 1643
Eunice, NM 88231

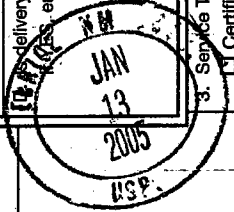
J-26

Article Number 7005 1820 0001 6804 3748
Transfer from service label) 102595-02-M-1540
Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *W H Robbins* ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Eva Toussaint
1761 Colavita
Reno, NV 89521

J-26

Article Number 7005 1820 0001 6804 3748
Transfer from service label) 102595-02-M-1540
Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Eva Toussaint* ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Soil & Water Conservation Bureau
NM Dept of Agriculture/Ag Programs & Resources
BOX 30005/APR
Las Cruces, NM 88003-8005

BD J-26

Article Number 7005 1820 0001 6804 2055
Transfer from service label) 102595-02-M-1540
Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *W H Robbins* ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

NM Bureau of Mines & Mineral Resources
Lynn Brandvold
NM Institute of Mining & Tech
Socorro, NM 87801

BD J-26

Article Number 7005 1820 0001 6804 2192
Transfer from service label) 102595-02-M-1540
Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Benjamin Brandvold* ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

W H Robbins - Campus Post Office

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Ned Kendrick
Attorney at Law
25 Paseo de Peralta
Santa Fe, NM 87501

BD J-26

Article Number
Transfer from service label) 7005 1820 0001 6804 2154
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 1/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lee Wilson & Associates
PO BOX 931
Santa Fe, NM 87501

BD J-26

Article Number
Transfer from service label) 7005 1820 0001 6804 2123
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 1/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Water Resources Division
State Engineer
Bataan Building
Santa Fe, NM 87503

BD J-26

Article Number
Transfer from service label) 7005 1820 0001 6804 2178
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 1/13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Colorado River Board of Calif.
Gerald R. Zimmerman
770 Fairmont Ave, Ste. 100
Glendale, CA 91203-1035

BD J-26

Article Number
Transfer from service label) 7005 1820 0001 6804 1997
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 1-13-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Falls Properties Inc
PO Drawer T
Elephant Butte, NM 87935

Article Number
(Transfer from service label)

7005 1820 0001 6804 3298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Carol E. Falls

B. Received by (Printed Name)
Carol E. Falls

C. Date of Delivery
1-19-06

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

P.O. BOX 36862
Albuquerque, NM 87176

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Jay Lazarus
PO BOX 5727
Santa Fe, NM 87502

Article Number
(Transfer from service label)

7005 1820 0001 6804 2208

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Carol E. Falls

B. Received by (Printed Name)
Carol E. Falls

C. Date of Delivery
1-19-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PO BOX 5727
Santa Fe, NM 87502

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

John W Hice Jr
PO BOX 943
Eunice, NM 88231

Article Number
(Transfer from service label)

7005 1820 0001 6804 3526

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Jimmie Weir
PO BOX 184
Center Point, TX 78010

Article Number
(Transfer from service label)

7005 1820 0001 6804 3355

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Jimmie Weir

B. Received by (Printed Name)
Jimmie Weir

C. Date of Delivery
1-27-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PO BOX 184
Center Point, TX 78010

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Colorado River Basin Ctr. Forum
Jack A. Barnett
106 West 500 South, Suite 101
Bountiful, UT 84010

Article Number
7005 1820 0001 6804 2130
Domestic Return Receipt
Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X *John A. Barnett*
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number
7005 1820 0001 6804 2130
Domestic Return Receipt
Form 3811, February 2004

SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Environmental Counsel ATTN: Colin Adams
Public Service Company of NM
14 Silver, Southwest
Albuquerque, NM 87158

Article Number
7005 1820 0001 6804 2215
Domestic Return Receipt
Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X *Colin Adams*
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number
7005 1820 0001 6804 2215
Domestic Return Receipt
Form 3811, February 2004

SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Chief
Hazardous Waste Bureau
Runnels Building
Santa Fe, NM 87504

Article Number
7005 1820 0001 6804 1973
Domestic Return Receipt
Form 3811, February 2004

SENDER: COMPLETE THIS SECTION
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

Article Number
7005 1820 0001 6804 2093
Domestic Return Receipt
Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X *Sig Rivera*
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number
7005 1820 0001 6804 1973
Domestic Return Receipt
Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X *Sig Rivera*
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number
7005 1820 0001 6804 2093
Domestic Return Receipt
Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Tom Kennan
PO BOX 202
Eunice, NM 88231

1. Article Addressed to:

Attorney General's Office
PO BOX 1508
Santa Fe, NM 87504

2. Article Number (Transfer from service label)
7005 1820 0001 6804 3540
PS Form 3811, February 2004
Domestic Return Receipt

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label)
7005 1820 0001 6804 3540
PS Form 3811, February 2004
Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Attorney General's Office
PO BOX 1508
Santa Fe, NM 87504

1. Article Addressed to:

Attorney General's Office
PO BOX 1508
Santa Fe, NM 87504

2. Article Number (Transfer from service label)
7005 1820 0001 6804 2062
PS Form 3811, February 2004
Domestic Return Receipt

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label)
7005 1820 0001 6804 2062
PS Form 3811, February 2004
Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Joel W Sisk
PO BOX 1013
Eunice, NM 88231

1. Article Addressed to:

Phifer Hollis
PO BOX 38
Eunice, NM 88231

2. Article Number (Transfer from service label)
7005 1820 0001 6804 3670
PS Form 3811, February 2004
Domestic Return Receipt

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label)
7005 1820 0001 6804 3670
PS Form 3811, February 2004
Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Phifer Hollis
PO BOX 38
Eunice, NM 88231

1. Article Addressed to:

Phifer Hollis
PO BOX 38
Eunice, NM 88231

2. Article Number (Transfer from service label)
7005 1820 0001 6804 3601
PS Form 3811, February 2004
Domestic Return Receipt

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label)
7005 1820 0001 6804 3601
PS Form 3811, February 2004
Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Bruce S. Garber
Attorney at Law
PO BOX 0850
Santa Fe, NM 87504-0850

BDJ-26

Article Number
Transfer from service label) 7005 1820 0001 6804 2185
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X M. Finn
B. Received by (Printed Name) C. Date of Delivery
M. Finn 4/17/04
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State Parks & Recreation
Director
1220 S St Francis
Santa Fe, NM 87505

BDJ-26

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 2239
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
John H. Lucher
B. Received by (Printed Name) C. Date of Delivery
John H. Lucher
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Department of Game & Fish
Director
Villagra Building
Santa Fe, NM 87503

BDJ-26

Article Number
(Transfer from service label) 7005 1820 0001 6804 2079
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X
B. Received by (Printed Name) C. Date of Delivery
M. Finn
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Randy Hicks
901 Rio Grande Blvd NW Suite F-142
Albuquerque, NM 87104

BDJ-26

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 2185
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X Katilee
B. Received by (Printed Name) C. Date of Delivery
Katilee 1/12/06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Maria Collins
100 Rincor De Ramos
Rio Rancho, NM 87124

BD J-26

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7005 1820 0001 6804 7197

Form 3811, February 2004

Domestic Return Receipt

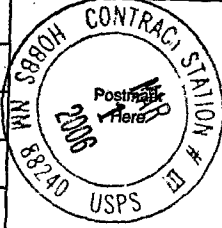
102595-02-M-1540

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	39
Certified Fee		2.40
Return Receipt Fee (Endorsement Required)		1.85
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.64



Sent To

Richard F Anderson
 2900 Vista Del Rey #20C
 Albuquerque, NM 87112

BDJ-26

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard F Anderson
 2900 Vista Del Rey #20C
 Albuquerque, NM 87112

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 7173

PS Form 3811, February 2004

102595-02-M-1540

CERTIFIED MAIL™

RICE Operating Company
 122 West Taylor
 Hobbs, NM 88240



7005 1820 0001 6804 7173



1600
 0053504-640 MAR 01 2006
 8957

LN
 3/4
 3/9
 3/9/06

Richard F Anderson
 2900 Vista Del Rey #20C
 Albuquerque, NM 87112

UNCLAIMED
 TO SENDER

UNCLAIMED
 TO SENDER

UNCLAIMED

71124676804

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF ADDRESSEE ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

E A Smith
PO Box 97
Eunice, NM 88231

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 7180

Domestic Return Receipt

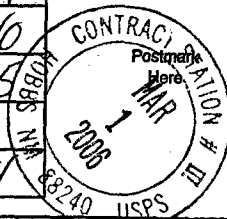
102595-02-M-15

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.39
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.64



Sent To

Street, Apt. No.,
or PO Box No. E A Smith
PO Box 97
City, State, ZIP+4 Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

RICE Operating Company

122 West Taylor
Hobbs, NM 88240



- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☒ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed
- ☐ Returned
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ No Such Number
- ☐ No Such City, State, or Zip
- ☐ No Such Recipient
- ☐ Error On Label - No Order
- ☐ Error On Label - For Return Address
- ☐ Postage Due

**FORWARDING
ORDER EXPIRED**

E A Smith
PO Box 97
Eunice, NM 88231

PS Form 3800, June 2002
102595-02-M-15
0063504640 MAR 01 2006
HOBBS, NM 88240

MAR 13 2006

RICE OPERATING
HOBBS, NM

44231800979944

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jay D. Martin & Sharon Martin
PO Box 416
Eunice, NM 88231

2. Article Number

(Transfer from service label)

BD J-26 7005 1820 0001 6804 7210

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Sharon Martin ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Sharon Martin 3/3/06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glen A Teague
PO Box 533
Eunice, NM 88231

2. Article Number

(Transfer from service label)

BD J-26 7005 1820 0001 6804 7494

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Glen A Teague ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Glen Teague 3/3/06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Johnston Construction Inc
PO Drawer 1769
Eunice, NM 88231

2. Article Number

(Transfer from service label)

BD J-26 7005 1820 0001 6804 7203

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Patrick Coy ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Patrick Coy 3-3-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mitchell Tyree
P.O. Box 665
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Mitch Tyree

C. Date of Delivery

4/3/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 5001

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tommie Williams
P.O. Box 1355
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 8101

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RICE Operating Company

122 West Taylor • Hobbs, New Mexico 88240
Phone: (505)393-9174 • Fax: (505) 397-1471

2006 APR 24 PM 12 47

CERTIFIED MAIL

RETURN RECIEPT NO. 7005 1820 0001 6804 7715

April 17, 2006

Mr. Wayne Price
New Mexico Energy, Minerals, & Natural Resources
Oil Conservation Division, Environmental Bureau
1220 S. St. Francis Drive
Santa Fe, New Mexico 87504

RE: BD jct. J-26
PUBLIC NOTIFICATION
NMOCD CASE #1R0426-40

COPY

Mr. Price:

In accordance with Rule 19 (Section 19.15.1.19 NMAC, Subsection G) Public Notice requirements, please accept the enclosed copies of proof that the appropriate individuals and entities were notified of the Stage 1 Abatement Plan submitted by the consulting firm of R.T. Hicks Consultants of Albuquerque for the J-26 Junction Box Site.

Notices were sent via certified mail to landowners within the prescribed radius. Mailings were also sent to the Lea County Commission and the list of Interested Parties found on the New Mexico Oil Conservation Division (OCD) website. Two mail deliveries could not be confirmed so the document was sent via electronic mail (e-mail). Eighty-five total notifications were sent and eleven were not able to be delivered; some were attempted two or more times.

As directed by OCD, the Stage 1 Abatement Plan notifications were published in the *Albuquerque Journal* and the *Hobbs News-Sun* newspapers. Affidavits for these publications are enclosed.

ROC requests that OCD consider public notice complete for this site. Should you have any further questions regarding this request, do not hesitate to contact me. Thank you for your consideration.

ROC is the service provider (operator) for the Blinebry-Drinkard (BD) SWD System and has no ownership of any portion of the pipeline, well, or facility. The System is owned by a consortium of oil producers, System Partners, who provide all operating capital on a percentage ownership/usage basis.

RICE OPERATING COMPANY

A handwritten signature in black ink that reads "Kristin Farris Pope". The signature is written in a cursive, flowing style.

Kristin Farris Pope
Project Scientist

enclosures: summary table of notifications,
 newspaper affidavits,
 return receipt copies,
 e-mail copies

cc: CDH, Hicks Consultants, file, Daniel Sanchez (OCD),

Mr. Chris Williams
OCD, District I Office
1625 N. French Drive
Hobbs, NM 88240

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, Daniel Russell

Editor

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period

of _____

1 issue(s).

Beginning with the issue dated

January 14, 2006

and ending with the issue dated

January 14, 2006

Daniel Russell

Editor

Sworn and subscribed to before

17th day of

January, 2006

[Signature]
Notary Public.

My Commission expires
February 07, 2009
(Seal)



OFFICIAL SEAL
DORA MONTZ
NOTARY PUBLIC
STATE OF NEW MEXICO

My Commission Expires _____

LEGAL NOTICE
January 14, 2006

NOTICE OF PUBLICATION

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 and 2 Abatement Plan has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Engineering Manager, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage 1 and 2 Abatement Plan for the J-26 Junction Box site, Blinbry Drinkard Salt Water Disposal System located 1 mile north-northwest of the intersection of NM State Highway 18 and County Highway 176 near Eunice, NM in the NWE 1/4, SE 1/4 of Section 26, Township 21 South, Range 37 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal system at the site. Chlorides and total dissolved solids have been observed in the ground water and remedial efforts have been ongoing since discovery. The Stage 1 and 2 Abatement Plan addresses further proposed actions for site closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 and 2 Abatement Plan may be viewed at the above address or at the Oil Conservation Division District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 393-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted to him.
#22070

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

01104367000 67535573
RICE OPERATING COMPANY
122 WEST TAYLOR
HOBBS NM 88240

STATE OF NEW MEXICO

County of Bernalillo

SS

Bill Tafoya, being duly sworn, declares and says that he is Classified Advertising Manager of The Albuquerque Journal, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for 1 times, the first publication being on the 14 day of Jan., 2006 and the subsequent consecutive publications on _____, 20____.

Sworn and subscribed to before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 16 day of Jan. of 2006

PRICE \$40.05

Statement to come at end of month.

ACCOUNT NUMBER C82274

CLA-22-A (R-1/93)

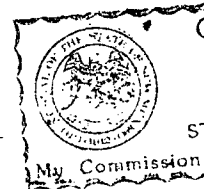
NOTICE OF PUBLICATION

State of New Mexico
Energy, Minerals and Natural
Resources Department
Oil Conservation Division

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 and 2 Abatement Plan has been submitted to the Director of the Oil Conservation Division, 1220 S. St. Francis Dr., Santa Fe, New Mexico 87504, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Doran Haynes, Engineering Manager, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage 1 and 2 Abatement Plan for the J-26 Junction Box site, Blinberry Drinkard Salt Water Disposal System, located 1 mile north-northwest of the intersection of NM State Highway 18 and County Highway 176 near Eunice, NM in the NWE 1/4, SE 1/4 of Section 26, Township 21 South, Range 37 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal system at the site. Chlorides and total dissolved solids have been observed in the ground water and remedial efforts have been ongoing since discovery. The Stage 1 and 2 Abatement Plan addresses further proposed actions for site closure.

Any interested person may obtain further information from the Oil Conservation Division and may submit written comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 and 2 Abatement Plan may be viewed at the above address or at the Oil Conservation Division District Office, 1625 N. French Drive, Hobbs, New Mexico 88240, Telephone (505) 353-6161 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on any proposed Abatement Plan, the Director of the Oil Conservation Division shall allow at least thirty (30) days after the date of publication of this notice during which written comments may be submitted to him.
Journal: January 14, 2006



	Landowner or Interested Party	Delivery Status			Comments
		Delivered US Mail	Delivered E-mail	Not Delivered	
1	City of Eunice P.O. Box 147 Eunice, NM 88260	X			Return Receipt Received
2	Delrose Scott 2000 N. Fowler Hobbs, NM 88220		X		Unclaimed Mail; e-mailed 4/5/2006
3	Geraldine Osborne P.O. Box 1285 Jal, NM 88252			X	Return receipt was not received
4	Patricia House P.O. Box 3715 Midland, TX 79702	X			Return Receipt Received
5	Richard Don and Cathy Jones P.O. Box 21 Eunice, NM 88231	X			Return Receipt Received
6	William O. Stephens P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
7	Lea County Administration Office Attn: Lue Ethridge 100 N. Main Street, Suite 4 Lovington, NM 88260	X			Return Receipt Received
8	Texas - New Mexico Railroad P.O. Box 409783 Atlanta, GA 30384 - 9782	X			Return Receipt Received
9	Jonhston Construction Inc P.O. Drawer 1769 Eunice, NM 88231	X			Return Receipt Received
10	Gilbert's Leasing Service Inc. P.O. Box 1597 Lovington, NM 88260	X			Return Receipt Received
11	Fall Properties Inc. P. O. Drawer T Elephant Butte, NM 87935	X			Return Receipt Received
12	Richard F. Anderson 2900 Vista Del Rey #20C Albuquerque, NM 87112			X	Undeliverable mail, not able to forward; re-sent 3/1/06, Unclaimed
13	Kenneth V. Blackwell P.O. Box 53180 Lubbock, TX 79453	X			Return Receipt Received

14	B. W. Caperton P.O. Box 391 Eunice, NM 88231	X			Return Receipt Received
15	Maria Collins Johnny Collins 300 Rincor De Ramos Rio Rancho, NM 87124	X			Return Receipt Received
16	New Mexico State Hwy. & Trans. Dept. P. O. Box 1149 Santa Fe, NM 87504	X			Return Receipt Received
17	Calico Properties LLC 500 Zia Drive Hobbs, NM 88240	X			Return Receipt Received
18	Mark Owen Estate William Owen P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
19	Wayne Aderson P.O. Box 1491 Eunice, NM 88231	X			Return Receipt Received
20	Runco Inc. 8100 W. Alabama Hobbs, NM 88240	X			Return Receipt Received
21	Joe Alden Bayes P.O. Box 173 Eunice, NM 88231	X			Return Receipt Received
22	Mary E. Brewer ET AL P.O. Box 821 Eunice, NM 88231	X			Return Receipt Received
23	Joe Allen Caperton P.O. Box 1028 Eunice, NM 88231	X			Return Receipt Received
24	Royce Crowell P.O. Box 146 Eunice, NM 88231	X			Return Receipt Received
25	James E. Gardner P. O. Box 1244 Eunice, NM 88231	X			Return Receipt Received
26	Glen A. Teaque P.O. Box 533 Eunice, NM 88231	X			Return Receipt Received
27	Eddie J. Harpier P.O. Box 124 Eunice, NM 88231	X			Return Receipt Received
28	Patricia House ET AL P.O. Box 3715 Midland, TX 79702	X			Return Receipt Received
29	Richard Don Jones P.O. Box 21 Eunice, NM 88231	X			Return Receipt Received
30	Elmer K. Logan P.O. Box 21 Eunice, NM 88231			X	Undeliverable mail, not able to forward

31	Patrick McCasland Linda L. McCasland P.O. Box 218 Eunice, NM 88231	X			Return Receipt Received
32	G. Nicely ET UX Linda Linda Nicely P.O. Box 567 Eunice, NM 88231			X	Unclaimed mail
33	Eva Owens Heirs Of Stephens FM ATT P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
34	Bart D. Parker P.O. Box 846 Eunice, NM 88231	X			Return Receipt Received
35	Jose G. Gonzalez P.O. Box 462 Eunice, NM 88231			X	Undeliverable mail, not able to forward
36	Jose Hernandez P.O. Box 413 Eunice, NM 88231	X			Return Receipt Received
37	Phifer Hollis P.O. Box 38 Eunice, NM 88231	X			Return Receipt Received
38	H. J. Jenkins P.O. Box 97 Eunice, NM 88231			X	Undeliverable mail, not able to forward
39	Tom Kennan P.O. Box 202 Eunice, NM 88231	X			Return Receipt Received
40	Jimmy D. Martin P.O. Box 416 Eunice, NM 88231	X			Re-sent 3/1/06 Return Receipt Received
41	Eva Owens William Owen Stephens P.O. Box 115 Eunice, NM 88231	X			Return Receipt Received
42	Kathleen Parker P.O. Box 1291 Eunice, NM 88231	X			Return Receipt Received
43	Duayne Parker Eoyce Crowell P.O. Box 1334 Eunice, NM 88231	X			Return Receipt Received
44	Bobby L. Pearce Trust P.O. Box 316 Eunice, NM 88231	X			Return Receipt Received
45	W. H. Robbins P.O. Box 1643 Eunice, NM 88231	X			Return Receipt Received

46	Joel W. Sisk P.O. Box 1013 Eunice, NM 88231	X			Return Receipt Received
47	Robert Soukup P.O. Box 1094 Eunice, NM 88231			X	Undeliverable mail, not able to forward
48	Carol Thorton P.O. Box 3 Tex - NM Camp Eunice, NM 88231	X			Return Receipt Received
49	Mitchell R. Tyree P.O. Box 665 Eunice, NM 88231	X			Return Receipt Received
50	Ruth L. Willard P.O. Box 589 Eunice, NM 88231	X			Return Receipt Received
51	Tommie Williams P.O. Box 1355 Eunice, NM 88231	X			Return Receipt Received
52	Traci Reams 2000 N. Fowler Hobbs, NM 88240			X	Unclaimed mail
53	Richard Robinson P.O. Box 1334 Eunice, NM 88231	X			Return Receipt Received
54	E. A. Smith P.O. Box 1778 Eunice, NM 88231			X	Undeliverable mail, not able to forward; re-sent 3/1/06, not deliverable as addressed/insufficient address
55	John B. Stewart P.O. Box 657 Eunice, NM 88231			X	Undeliverable mail, not able to forward
56	Eva Toussaint 1761 Colavita Reno, NV 89521	X			Return Receipt Received
57	Jimmie Weir P.O. Box 184 Center Point, TX 78010	X			Return Receipt Received
58	Attorney General's Office P.O. Box 1508 Santa Fe, NM 87504	X			Return Receipt Received

59	Bruce S. Garber Attorney at Law P.O. Box 0850 Santa Fe, NM 87504-0850 Email: bsg@garbhall.com	X			Return Receipt Received
60	State Director Bureau of Land Management P.O. Box 27115 Santa Fe, NM 87502-0115	X			Return Receipt Received
61	Chief Groundwater Bureau Runnels Building Santa Fe, NM 87504 Email: Bill.Olsen@state.nm.us	X			Return Receipt Received
62	Chief Hazardous Waste Bureau Runnels Building Santa Fe, NM 87504 E-Mail: James.Bearzi@state.nm.us	X			Return Receipt Received
63	Gerald R. Zimmerman Colorado River Board of Calif. 770 Fairmont Ave. Ste 100 Glendale, CA 91203-1035 E-mail: jcc_crb@pacbell.net	X			Return Receipt Received
64	Jack A Barnett Colorado River Basin Ctrl. Forum 106 West 500 South Suite 101 Bountiful, UT 84010 Email: James.Bearzi@state.nm.us	X			Return Receipt Received
65	Department of Game & Fish Director Villagra Building Santa Fe, NM 87503	X			Return Receipt Received
66	Dr. Harry Bishara P.O. Box 748 Cuba, NM 78013	X			Return Receipt Received
67	Colin Adams Environmental Counsel Public Service Company of new Mexico 414 Silver, Southwest Albuquerque, NM 87158 Email: cadams@pnm.com	X			Return Receipt Received
68	Mike Schulz International Technology Corp. 5301 Central Avenue, N.E. Suite 700 Albuquerque, NM 87108 E-mail: mschulz@theitgroup.com			X	Undeliverable mail, not able to forward
69	Jay Lazarus P.O. Box 5727 Santa Fe, NM 87502 E-mail: Lazarus@glorietageo.com	X			Return Receipt Received

70	Ken Marsh CRI PO BOX 388 Hobbs NM 88240 E-mail: ken@carihobbs.com	X			Return Receipt Received
71	Lee Wilson & Associates P.O. Box 931 Santa Fe, N.M. 87501 E-mail: lwa@lwasf.com	X			Return Receipt Received
72	Ned Kendrick Attorney at Law 325 Paseo de Peralta Santa Fe, NM 87501 E-mail: ekendrick@montand.com	X			Return Receipt Received
73	Secretary New Mexico Environment Department P.O. Box 26110 Santa Fe, NM 87504 E-mail: Cathy.Tyson@state.nm.us	X			Return Receipt Received
74	Lynn Brandvold NM Bureau of Mines & Mineral Resources NM Institute of Mining & Tech. Socorro, NM 87801	X			Return Receipt Received
75	NM Oil & Gas Association P.O. Box 1864 Santa Fe, NM 87504-1864	X			Return Receipt Received
76	Randy Hicks E-mail: r@rthicksconsult.com	X			Return Receipt Received
77	Soil and Water Conservation Bureau New Mexico Department of Agriculture Programs and Resources Division Box 30005/APR Las Cruces, NM 88003-8005	X			Return Receipt Received
78	Chris Shuey Southwest Research & Information Center P.O. Box 4524 Albuquerque, NM 87106 E-mail: sricdon@earthlink.net	X			Return Receipt Received
79	Ron Dutton Southwestern Public Service P.O. Box 1261 Amarillo, Texas 79170 E-mail: ron.dutton@xcelenergy.com	X			Return Receipt Received
80	Elmo Baca State Historic Preservation Officer 228 East palace Avenue Villa Rivera Room 101 Santa Fe, NM 87503 Wishes to be notified via regular mail	X			Return Receipt Received
81	Director State Parks & Recreation 1220 S. St. Francis Santa Fe, NM 87505	X			Return Receipt Received

82	Field Supervisor US Fish & Wildlife Service 2105 Osuna Road, Northeast Albuquerque, NM 87113-1001	X			Return Receipt Received
83	Regional Forester USFS Regional Office 517 Gold Avenue SW Albuquerque, NM 87102 E-mail: cgarcia@fs.fed.us		X		Undeliverable mail, not able to forward; e-mailed 4/10/2006
84	State Engineer Water Resources Division Bataan Building Santa Fe, NM 87503	X			Return Receipt Received
85	William Turner New Mexico Trustee for Natural Resources C/O American Ground Water Consultants 610 Gold St. SW, Suite 111 Albuquerque, NM 87102	X			Return Receipt Received
TOTALS		72	2	11	

Kristin Pope

From: "Kristin Pope" <kpope@riceswd.com>
To: <gscott4444@aol.com>
Cc: "Ron Anderson" <randerson@riceswd.com>
Sent: Wednesday, April 05, 2006 2:03 PM
Attach: J26_Public_Notice.doc
Subject: J-26 Public Notice

Mrs. Scott:

In accordance with the NMOCD Rule 19 Public Notice requirements, please find the attached public notification document. This document was originally mailed to you on January 10, 2006 but a the two attempted mailing were left unclaimed. Please contact ROC or NMOCD with any comments. Thank you.

Kristin Farris Pope
Project Scientist
RICE Operating Company
Hobbs, New Mexico
(505) 393-9174

4/5/2006

Kristin Pope

From: "Kristin Pope" <kpope@riceswd.com>
To: <cgarcia@fs.fed.us>
Sent: Monday, April 10, 2006 2:44 PM
Attach: J26_Public_Notice.doc
Subject: Rule 19 Public Notice (J-26)

Regional Forester:

In accordance with the NMOCD Rule 19 Public Notice requirements, please find the attached public notification document. This document was originally mailed to you on January 10, 2006 but a return receipt was not received. Thank you.

Kristin Farris Pope
Project Scientist
RICE Operating Company
Hobbs, New Mexico
(505) 393-9174

4/10/2006

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

7005 1820 0001 6804 2109

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39	Postmark Here
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.64	

Sent To USFS Regional Office BD
Street, Apt. No., or PO Box No. Reginal Forester
City, State, ZIP+4 517 Gold Avenue SW
Albuquerque, NM 87102
PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

USFS Regional Office
Reginal Forester
517 Gold Avenue SW
Albuquerque, NM 87102

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

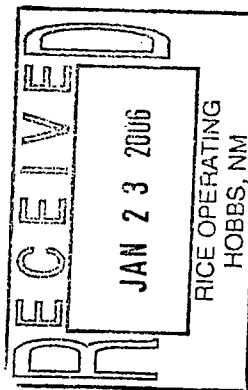
7005 1820 0001 6804 2109

Domestic Return Receipt

102595-02-M-1540

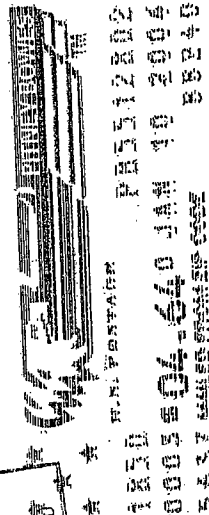
RICE Operating Compu

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 2109

USFS Regional Office
Reginal Forester
517 Gold Avenue SW
Albuquerque, NM 87102

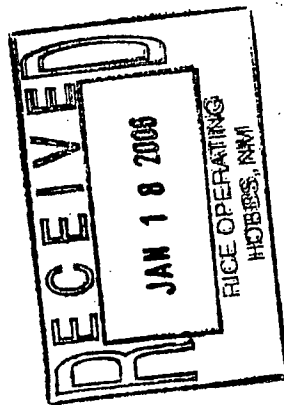


RICE

Operating Company

122 West Taylor

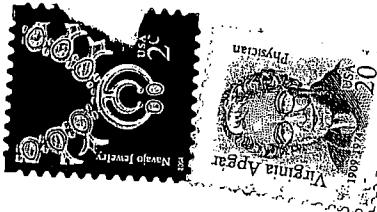
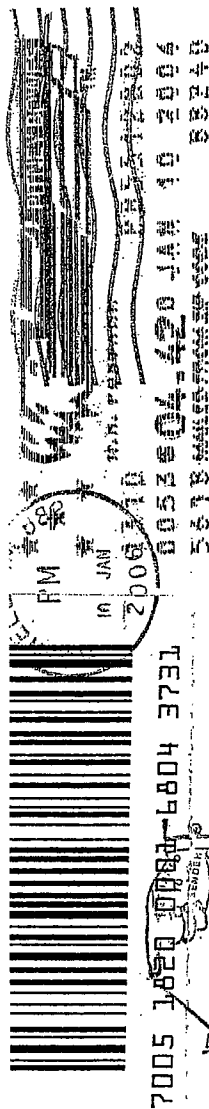
Hobbs, NM 88240



Not Deliverable As Addressed

- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Ret. at Post Office For Better Address
- ☐ Postage Due

John B Stewart
PO BOX 657
Eunice, NM 88231



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John B Stewart

PO BOX 657
Eunice, NM 88231

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

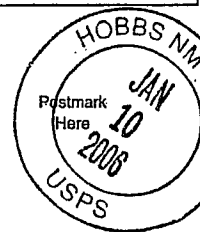
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To

John B Stewart

J-26

Street, Apt. No.,
or PO Box No.

PO BOX 657

City, State, ZIP+4

Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

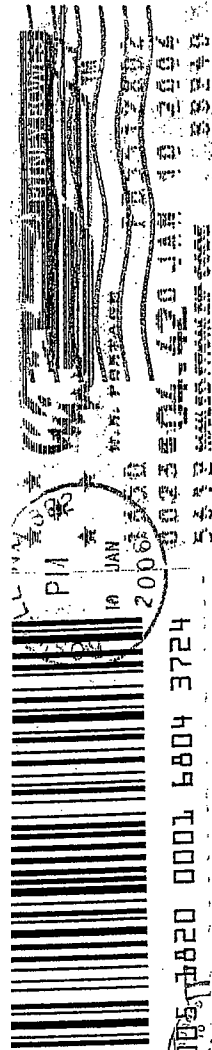
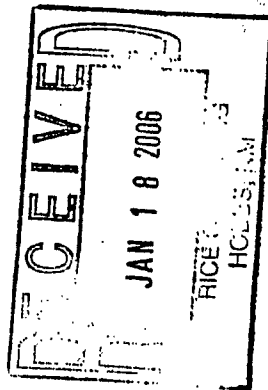
- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type
- ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ G.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 1820 0001 6804 3731

RICE Operating Company
122 West Taylor
Hobbs, NM 88240



- Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receiptable
☐ Box Closed - No Order
☐ Ret. at Post Office For Better Address
☐ Postage Due

E A Smith
PO BOX 1084
Eunice, NM 88231



7005 1820 0001 6804 3724

CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 3.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: E A Smith
 Street, Apt. No., or PO Box No.: PO BOX 1084
 City, State, ZIP+4: Eunice, NM 88231

PS Form 3800, June 2002

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 E A Smith
 PO BOX 1084
 Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type:
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)
 7005 1820 0001 6804 3724

Domestic Return Receipt
 PS Form 3811, February 2004

7005 1820 0001 6804 3786

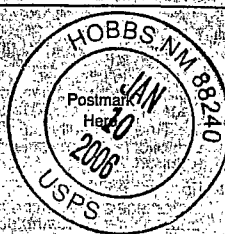
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To: **Traci Reams**

Street, Apt. No., or PO Box No.: **2000 N Fowler**

City, State, ZIP+4: **Hobbs, NM 88240**

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt

102505-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Traci Reams
2000 N Fowler
Hobbs, NM 88240

2. Article Number

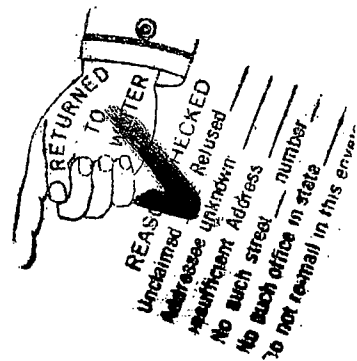
7005 1820 0001 6804 3786
PS Form 3811, February 2004

CERTIFIED MAIL™



7005 1820 0001 6804 3786

RICE Operating Company
122 West Taylor
Hobbs, NM 88240

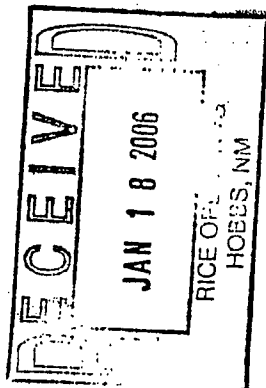


Traci Reams
2000 N Fowler
Hobbs, NM 88240



7005 1820 0001 6804 3786

RICE Operating Compa
122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 3694

- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Return For Better Address
- ☐ Postage Due

Robert Soukup
PO BOX 1094
Eunice, NM 88231



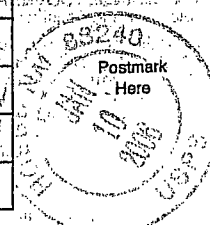
7005 1820 0001 6804 3694

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To
Robert Soukup
Street, Apt. No., or PO Box No.
PO BOX 1094
City, State, ZIP+4
Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Soukup
PO BOX 1094
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 1820 0001 6804 3694

Domestic Return Receipt

102595-02-M-1540

(Domestic Mail Only. No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

7005 1820 0001 6804 37

Postage	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees

69.7	\$
1.88	
0.75	
43.	\$



PS Form 3800, June 2002
See Reverse for Instructions

ting Company
Taylor
88240



☐ Not Deliverable As Addressed
Unable To Forward

☐ Insufficient Address

☒ ~~Invalid Address~~

☐ Mailed ☐ Refused

☐ Completed - Not Known

☐ No Such Street ☐ Number

☐ Vacant ☐ Illegible

☐ No Mail Receipts

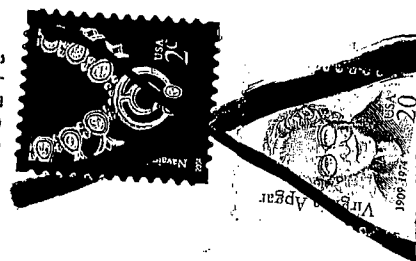
☐ Box Closed - No Order

☐ Returned For Better Address

☐ Postage Due

NAME _____
1st Notice 1-11
2nd Notice 1-18
Return 1-26

**Mitchel R Tyree
PO BOX 665
Eunice, NM 88231**



CERTIFIED MAIL™

[illegible]


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mitchel R Tyree
PO BOX 665
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) _____	C. Date of Delivery _____	
D. Is delivery address different from Item 1? if YES, enter delivery address below:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0001 6804 3700

Domestic Return Receipt

102595-02-M-1540

2006 FEB 1

1 FEB 1 2006

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Tommie Williams
PO BOX 1355
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0001 6804 3649

Domestic Return Receipt

102595-02-M-1540

Generating Company
Vest Taylor
NM 88240

7005 1820 0001 6804 3649



- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☒ Moved, Left No Address
- ☐ Unclassified
- ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ Number
- ☐ Variant
- ☐ Ineligible
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Return For Better Address
- ☐ Postage Due

Tommie Williams
PO BOX 1355
Eunice, NM 88231

NAME
1st Notice 1/11
2nd Notice 1/28
Return 1/26



OFFICIAL USE
For delivery information, visit our website at www.usps.com

Postage	\$ 2.40
Certified Fee	\$ 1.85
Return Receipt Fee (Endorsement Required)	\$ 4.10
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.10

Sent To: Tommie Williams
PO BOX 1355
Eunice, NM 88231
City, State, ZIP+4

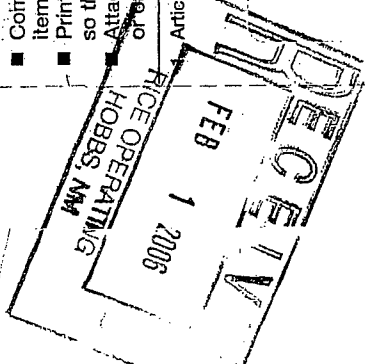
Postmark: HOBS NM 88240 10 JAN 2006

Postage: 2.40

Return Receipt Fee (Endorsement Required): 1.85

Restricted Delivery Fee (Endorsement Required): 4.10

Total Postage & Fees: 4.10



PLACE STICKER ATTACHED HERE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Delrose Scott
2000 N. Fowler
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ G.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7005 0390 0000 9980 3906
Domestic Return Receipt
2004 102595-02-M-1540

For delivery information visit our website at www.usps.com

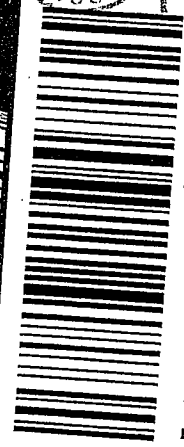
OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To
Delrose Scott
2000 N. Fowler
Hobbs, NM 88240
City, State, ZIP+4
PS Form 3800, June 2002
See Reverse for Instructions

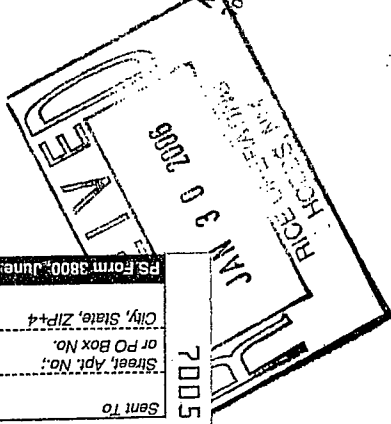


erating Compan
est Taylor
NM 88240



7005 0390 0000 9980 3906

RETURNED TO WRITER
REASON: UNDELIVERABLE
Addressed incorrectly
Insufficient address
No return address
Post office in state
No return mail in this area



Delrose Scott
2000 N. Fowler
Hobbs, NM 88240



NAME: 11-11-06
1st Notice: 1-11-06
2nd Notice: 1-20-06
Return: 1-20-06

2006010300 0016

RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



Not Deliverable As Addressed

Unable To Forward

Insufficient Address

Removed, Left No Address

Unclaimed ☐ Refused

Unattempted - Not Known

Such Street ☐ Number

Variant ☐ Illegible

No Mail Receptacle

Closed - No Order

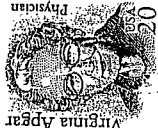
Ret. 224 For Better Address

Postage Due

RECEIVED
JAN 18 2006
RICE OPERATING
HOBBS, NM

NAME
1st Notice
2nd Notice
Return

Maria Collins
Johnny Collins
PO BOX 781
Eunice, NM 88231



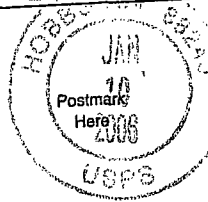
7005 1820 0001 6804 3274

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 43.64



Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+

Maria Collins
PO BOX 781
Eunice, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Addressee
C. Date of Delivery	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type:	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Maria Collins
Johnny Collins
PO BOX 781
Eunice, NM 88231

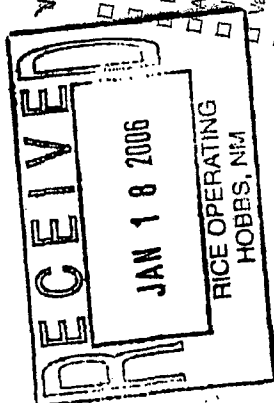
2. Article Number
(Transfer from service label)
PS Form 3811, February 2004

7005 1820 0001 6804 3274

102595-02-M-1540

RICE Operating Company

122 West Taylor
Hobbs, NM 88240



- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Returned For Better Address
- ☐ Postage Due

Richard F Anderson
PO BOX 1053
Euncie, NM 88231



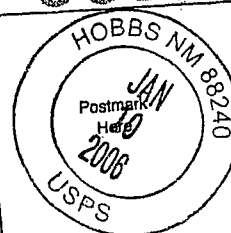
7005 1820 0001 6804 3281

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Sent To

Richard F Anderson

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PO BOX 1053
Euncie, NM 88231

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

Richard F Anderson
PO BOX 1053
Euncie, NM 88231

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 1820 0001 6804 3281

Domestic Return Receipt

102595-02-M-1540

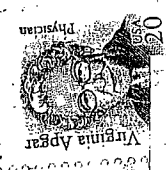
RICE Operating Company
122 West Taylor
Hobbs, NM 88240

RECEIVED
JAN 18 2006
RICE OPERATING
HOBBS, NM

- ☐ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receiptable
☐ Box Closed - No Order
☐ Rat ☐ For Better Address
☐ Postage Due

NAME
1st Notice
2nd Notice
Return

Jonhston Construction Inc
PO BOX 837
Eunice, NM 88231



12005 1820 0001 6804 3311
JAN 10 2006
PM 2
ROSWELL, NM

7005 1820 0001 6804 3311

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.39
 Certified Fee 2.40
 Return Receipt Fee (Endorsement Required) 1.85
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.64

HOBBS NM 88240
JAN 18 2006
USPS

Sent To Jonhston Construction Inc J-26
 Street, Apt. No., or PO Box No. PO BOX 837
 City, State, ZIP+4 Eunice, NM 88231
 PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type:
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:
 Jonhston Construction Inc
 PO BOX 837
 Eunice, NM 88231

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

7005 1820 0001 6804 3311
Domestic Return Receipt
102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Linda Nicely
PO BOX 567
Eunice, NM 88231

RECEIVED
FEB 1 2005
HOBBS, NM

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 3564

January 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

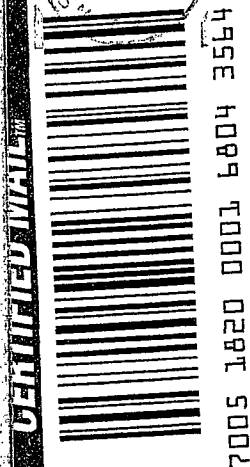
4. Restricted Delivery? (Extra Fee) ☐ Yes

For delivery information, visit our website at www.usps.com
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$.39
Certified Fee	\$ 1.85
Return Receipt Fee	\$ 4.69
Restricted Delivery Fee	
Total Postage & Fees	\$ 6.93

Sent To
Linda Nicely
PO BOX 567
Eunice, NM 88231
City, State, ZIP+4
Street, Apt. No., or PO Box No.

PS Form 3800, June 2002
Not Deliverable As Addressed
Unable To Forward
Insufficient Address
Moved, Left No Address
Unclaimed ☐ Refused
Attempted - Not Known
No Such Street ☐ Number
Vacant ☐ Illegible
No Mail Receptacle
Box Closed - No Order
Ret. For Better Address
☐ Postage Due



7005 1820 0001 6804 3564

NAME
1st Notice 1-7-04
2nd Notice 1-22-04
Return 1-22-04

Linda Nicely
PO BOX 567
Eunice, NM 88231



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

G Nicely ET UX Linda
PO BOX 567
Eunice, NM 88231

2. Article Number

(Transfer from service label)

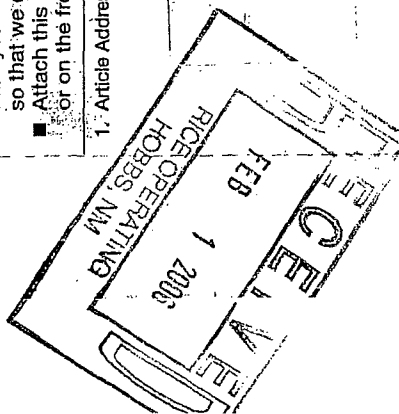
7005 1820 0001 6804 3496

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		



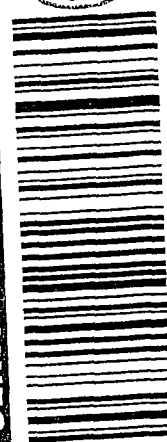
OFFICIAL USE



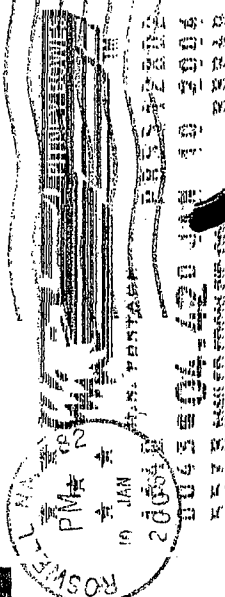
Postage	\$.39
Certified Fee	\$ 2.40
Return Receipt Fee	\$ 1.85
Restricted Delivery Fee	\$.464
Total Postage & Fees	\$ 4.04

PS Form 3811, February 2004
G Nicely ET UX Linda
PO BOX 567
Eunice, NM 88231
City, State, ZIP+4
Street, Apt. No., or PO Box No.
Sent To

CERTIFIED MAIL™



7005 1820 0001 6804 3496



- ☐ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☒ Unclaimed
- ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ Number
- ☐ Vacant
- ☐ Mailable
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Not For Better Address
- ☐ Postage Due

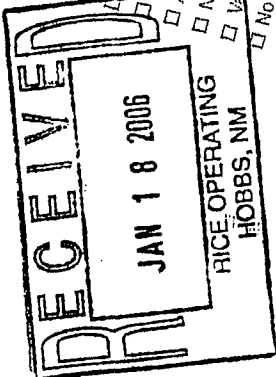
NAME
1st Notice 1-11-06
2nd Notice 1-18-06
Return 1-26-06

G Nicely ET UX Linda
Linda Nicely
PO BOX 567
Eunice, NM 88231

Handwritten return address and date.

RICE

Operating Company
122 West Taylor
Hobbs, NM 88240



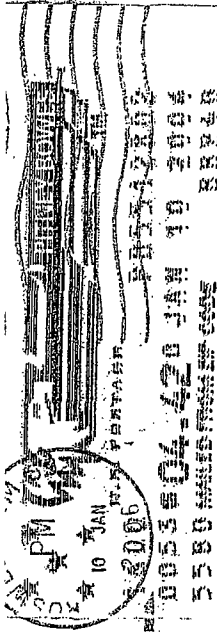
- ☒ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Invalid ☐ Illegible
☐ No Mail Recapture
☐ Box Closed - No Order
☐ Postage Due For Better Address

NAME
1st Notice
2nd Notice
Return

Elmer K Logan
PO BOX 1923
Eunice, NM 88231



7005 1820 0001 6804 3458



7005 1820 0001 6804 3458

CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: Elmer K Logan
Street, Apt. No., or PO Box No.: PO BOX 1923
City, State, ZIP+4: Eunice, NM 88231

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elmer K Logan
PO BOX 1923
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 3458

PS Form 3811, February 2004

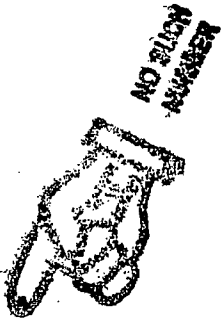
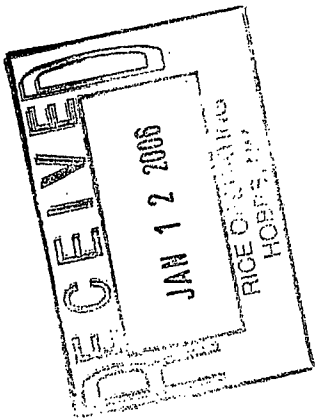
Domestic Return Receipt

102595-02-M-1540

RICE Operating Company
122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 3502



Glen A Teague
3016 Pine Rd
Hobbs, NM 88240



7005 1820 0001 6804 3502

CERTIFIED MAIL
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: Glen A Teague
Street, Apt. No., or PO Box No.: 3016 Pine Rd
City, State, ZIP+4: Hobbs, NM 88240

PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Addressee
C. Date of Delivery	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Glen A Teague
3016 Pine Rd
Hobbs, NM 88240

2. Article Number (Transfer from service label): 7005 1820 0001 6804 3502

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X [Signature] Agent ☐
 B. Received by (Printed Name) [Signature] Addressee ☐
 C. Date of Delivery _____
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

PO BOX 462
Eunice, NM 88231

5-26

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02:M-1540

CERTIFIED MAIL™

RICE

122 West Taylor
Hobbs, NM 88240

2705 7.820 0007 6804 3588

[illegible]

2000
2001
2002
2003
2004

RECEIVED
JAN 18 2006

IAN 18 2016

RICE OPERATING Such Stra
HOESS, N.Y. acant □ ilic

☐ Bill Recipient ☐ Bill Recipient ☐ Bill Recipient

AVAIL

1st Notice 1-11
2nd Notice

97-1
Return
and Notice

Jose G Gonzalez
PO BOX 462
Eunice, NM 88231

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 46.40

Sent To	Jose G Gonzalez	J-26
Street, Apt. No., or PO Box No.	PO BOX 462	
City, State, ZIP+4	Eunice, NM 88231	

PS Form 3800, June 2002

See Reverse for Instructions

3. Service Type--
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express-Mail[®]
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee) ☐ Yes

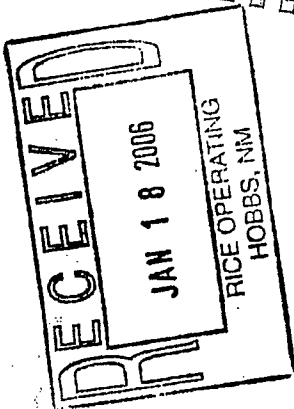
8856 4089 1000 028T 5002
 1820 0001 6084 3588

102595-02:M-1540

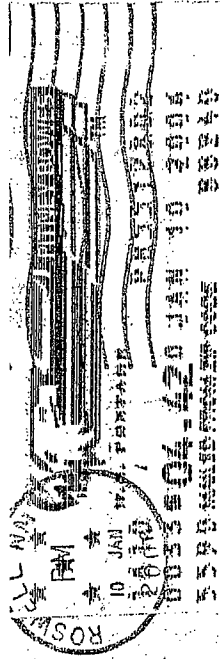
RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 3557



- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receipts
- ☐ Box Closed - No Order
- ☐ Ret. 3rd For Better Address
- ☐ Postage Due

Jimmy D Martin
PO BOX 585
Eunice, NM 88231

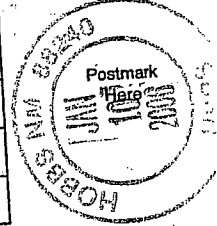
7005 1820 0001 6804 3557

CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 39
Certified Fee 240
Return Receipt Fee (Endorsement Required) 185
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 24.69



Sent To Jimmy D Martin J-26
Street, Apt. No., or PO Box No. PO BOX 585
City, State, ZIP+4 Eunice, NM 88231
PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise
☐ Registered ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jimmy D Martin
PO BOX 585
Eunice, NM 88231

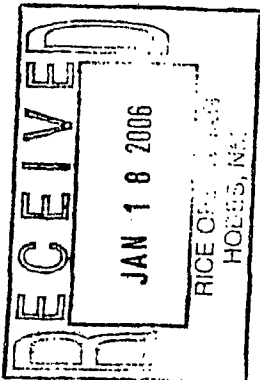
2. Article Number

Transfer from service label
7005 1820 0001 6804 3557
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RICE Operating Company
122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 3618

- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
 - ☐ Insufficient Address
 - ☐ Moved, Left No Address
 - ☐ Undelivered - Refused
 - ☐ Attempted - Not Known
 - ☐ No Such Street
 - ☐ Number
 - ☐ Vacant
 - ☐ Illegible
 - ☐ No Mail Receipts
 - ☐ Box Closed - No Order
 - ☐ Return For Better Address
 - ☐ Forwarding Error

H J Jenkins
PO BOX 97
Eunice, NM 88231



MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

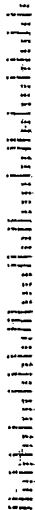
For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Sent To: H J Jenkins
Street, Apt. No., or PO Box No.: PO BOX 97
City, State, ZIP+4: Eunice, NM 88231

PS Form 3800, June 2002 See Reverse for Instructions



7005 1820 0001 6804 3618

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
H J Jenkins
PO BOX 97
Eunice, NM 88231

2. Article Number (Transfer from service label): 7005 1820 0001 6804 3618

3. Service Type:
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

COMPLETE THIS SECTION ON DELIVERY

A. Signature: ☒ Agent ☐ Addressee

B. Received by (Printed Name): C. Date of Delivery:

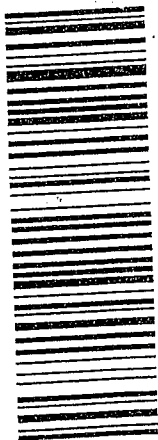
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

PS Form 3811, February 2004 102595-02-M-1540

RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



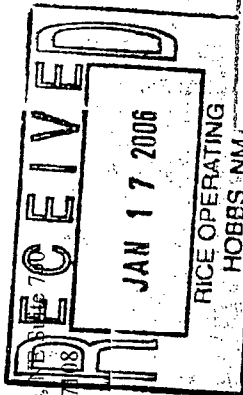
7005 1820 0001 6804 2000



1910
0083 04-640 JAN 19 2006
5555 MAIL ROOM CASE

Attempted
Ch know

☐ Undelivered
☐ Addressed
☐ Moved
☐ Undelivered
☐ Returned
☐ Attempted - Not Known
☐ No Such Street
☐ No Such Number
☐ Deceased
☐ Vacant



7005 1820 0001 6804 2000

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

International Technology Corp.
Mike Schulz
5301 Central Avenue, NE Suite 700
Albuquerque, NM 87108

2. Article Number

(Transfer from service)

7005 1820 0001 6804 2000

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 3.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

Postmark Here

Sent To International Technology Corp.
Mike Schulz
5301 Central Avenue, NE Suite 700
Albuquerque, NM 87108

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

BD J-26

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
New Mexico Environmental Department
Secretary
PO BOX 26110
Santa Fe, NM 87504
BD J-26

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 2147
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
NM Oil & Gas Association
PO BOX 1864
Santa Fe, NM 87504-1864
BD J-26

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 2031
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
William Turner NM Trustee for Natural Resources
C/O American Ground Water Consultants
610 Gold St. SW, Suite 111
Albuquerque, NM 87102
BD J-26

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 2161
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Historic Preservation Officer Attn: Elmo Baca
East Palace Avenue
Riviera Room 101
Santa Fe, NM 87503
BD J-26

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 2048
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Larry Bishara
30X 748
NM 87013

BDJ-26

Article Number

Transfer from service label

PS Form 3811, February 2004

7005 1820 0001 6804 2024

Domestic Return Receipt

102595-02-M-1540

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Southwestern Public Service
Ron Dutton
PO BOX 1261
Amarillo, TX 79170

BDJ-26

Article Number

Transfer from service label

PS Form 3811, February 2004

7005 1820 0001 6804 2246

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
B. Received by (Printed Name) Bishara C. Date of Delivery 11/2/06
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

US Fish & Wildlife Service
Field Supervisor
2105 Osuna Road, Northeast
Albuquerque, NM 87113-1001

BDJ-26

Article Number

Transfer from service label

PS Form 3811, February 2004

7005 1820 0001 6804 2086

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
B. Received by (Printed Name) Dr. Bishara C. Date of Delivery 11/2/06
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Southwest Research & Information Center
Chris Shuey
PO BOX 4524
Albuquerque, NM 87106

BDJ-26

Article Number

Transfer from service label

PS Form 3811, February 2004

7005 1820 0001 6804 2222

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent ☐ Addressee
B. Received by (Printed Name) Santrazo Gonzales C. Date of Delivery 1-18-06
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

County Administration Office
 n: Lue Ethridge
 1 N. Main Street, Suite 4
 /ington, NM 88260

3-26

Article Number 7005 1820 0001 6804 5483
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lue Ethridge*
 B. Received by (Printed Name) *LUE ETHRIDGE*
 C. Date of Delivery *1-11-04*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

William O. Stephens
 P.O. Box 115
 Eunice, NM 88231

3-26

Article Number 7005 0390 0000 9980 3883
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *William O Stephens*
 B. Received by (Printed Name) *WILLIAM O STEPHENS*
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

n Marsh
 BOX 388
 obs, NM 88241

3D 3-26

Article Number 7005 1820 0001 6804 2017
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *B. Steckland*
 B. Received by (Printed Name) *B. Steckland*
 C. Date of Delivery *1-11-04*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Bureau of Land Management
 State Director
 PO BOX 27115
 Santa Fe, NM 87502-0115

BD 3-26

Article Number 7005 1820 0001 6804 1980
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *B. Steckland*
 B. Received by (Printed Name) *B. Steckland*
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

AN 1 2 2006

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eva Owen
PO BOX 115
Eunice, NM 88231

2. Article Number (Transfer from service label) 7005 1820 0001 6804 3571

PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eva Owen
PO BOX 115
Eunice, NM 88231

2. Article Number (Transfer from service label) 7005 1820 0001 6804 3571

PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kathleen Parker
PO BOX 1291
Eunice, NM 88231

2. Article Number (Transfer from service label) 7005 1820 0001 6804 3625

PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kathleen Parker
PO BOX 1147
Eunice, NM 88231-0147

2. Article Number (Transfer from service label) 7005 1820 0001 6804 3632

PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Gilbert's Leasing Service Inc
 PO BOX 1597
 Lovington, NM 88260

J-26

Article Number 7005 1820 0001 6804 3335
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Bart D Parker
 PO BOX 846
 Eunice, NM 88231

J-26

Article Number 7005 1820 0001 6804 3489
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Joe Allen Caperton
 PO BOX 1028
 Eunice, NM 88231

J-26

Article Number 7005 1820 0001 6804 3366
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Eva Owens
 PO BOX 115
 Eunice, NM 88231

J-26

Article Number 7005 1820 0001 6804 3472
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
 B. Received by (Printed Name) ☐ Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Robinson
PO BOX 1334
Eunice, NM 88231

J-26

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3779
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *June Robinson*
B. Received by (Printed Name)
June Robinson
C. Date of Delivery
1/12/06
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wayne Aderson
PO BOX 1491
Eunice, NM 88231

J-26

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3434
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Wayne Aderson*
B. Received by (Printed Name)
C. Date of Delivery
1/12/06
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark Owen Estate
PO BOX 115
Eunice, NM 88231

J-26

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3427
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Wanda Ruth*
B. Received by (Printed Name)
C. Date of Delivery
1-12-06
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ruth L Willard
PO BOX 589
Eunice, NM 88231

J-26

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3717
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Wanda Ruth*
B. Received by (Printed Name)
C. Date of Delivery
1-12-06
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

ER: COMPLETE THIS SECTION

1. Article Addressed to: James E Gardner, PO BOX 1244, Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3342

3. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. PS Form 3811, February 2004

6. Domestic Return Receipt

7. 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): [Name]

C. Date of Delivery: 1-13-06

D. Is delivery address different from item 1? Yes

E. If YES, enter delivery address below:

F. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.

G. Restricted Delivery? (Extra Fee) Yes

H. PS Form 3811, February 2004

I. Domestic Return Receipt

J. 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Jose Hernandez, PO BOX 413, Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3595

3. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. PS Form 3811, February 2004

6. Domestic Return Receipt

7. 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): [Name]

C. Date of Delivery: 1-13-06

D. Is delivery address different from item 1? Yes

E. If YES, enter delivery address below:

F. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.

G. Restricted Delivery? (Extra Fee) Yes

H. PS Form 3811, February 2004

I. Domestic Return Receipt

J. 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

B. Received by (Printed Name): [Name]

C. Date of Delivery: 1-13-06

D. Is delivery address different from item 1? Yes

E. If YES, enter delivery address below:

F. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.

G. Restricted Delivery? (Extra Fee) Yes

H. PS Form 3811, February 2004

I. Domestic Return Receipt

J. 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Eddie J Harpier, PO BOX 124, Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3519

3. Service Type: Certified Mail, Registered, Insured Mail, Express Mail, Return Receipt for Merchandise, C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. PS Form 3811, February 2004

6. Domestic Return Receipt

7. 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Royce Crowell
PO BOX 146
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Royce Crowell

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0001 6804 3359
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Calico Properties LLC
500 Zia Drive
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0001 6804 3410
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mary E Brewer ET AL
PO BOX 821
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

Mary E Brewer

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0001 6804 3373
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-15

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

City Of Eunice
PO BOX 147
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number
(Transfer from service label) 7005 1820 0001 6804 3304
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-15

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BW Caperton
PO BOX 931
Eunice, NM 88231

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3267
PS Form 3811, February 2004
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X BW Caperton
B. Received by (Printed Name)
BW Caperton
C. Date of Delivery
1-12-06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard Don and Cathy Jones
P.O. Box 21
Eunice, NM 88231

2. Article Number
(Transfer from service label)
7005 0390 0000 9980 3876
PS Form 3811, February 2004
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cathy Jones
B. Received by (Printed Name)
C. Date of Delivery
1-12-06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carol Thorton
PO BOX 3 Tex - NM Camp
Eunice, NM 88231

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3663
PS Form 3811, February 2004
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol J. Waddy
B. Received by (Printed Name)
C. Date of Delivery
1-12-06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joe Alden Bayes
PO BOX 173
Eunice, NM 88231

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3397
PS Form 3811, February 2004
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Darlene Bayes
B. Received by (Printed Name)
C. Date of Delivery
1-12-06
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature Cathy Jones ☒ Agent ☐ Addressee

B. Received by (Printed Name) Cathy Jones C. Date of Delivery 1-12-06

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature Richard Don Jones ☒ Agent ☐ Addressee

B. Received by (Printed Name) Richard Don Jones C. Date of Delivery 1-12-06

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

Richard Don Jones
PO BOX 21
Eunice, NM 88231

Article Number 7005 1820 0001 6804 3441
(Transfer from service label)

Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Runco Inc
8100 W Alabama
Hobbs, NM 88240

Article Number 7005 1820 0001 6804 3380
(Transfer from service label)

Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature Patricia House ☒ Agent ☐ Addressee

B. Received by (Printed Name) Patricia House C. Date of Delivery 1/11/06

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature Patricia House ☒ Agent ☐ Addressee

B. Received by (Printed Name) Patricia House C. Date of Delivery 1-12-06

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

Patricia House ET AL
PO BOX 3715
Midland, TX 79702

Article Number 7005 1820 0001 6804 3533
(Transfer from service label)

Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Patrick McCasland
PO BOX 218
Eunice, NM 88231

Article Number 7005 1820 0001 6804 3465
(Transfer from service label)

Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

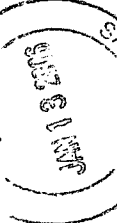
New Mexico State Hwy & Trans Dept
PO BOX 1149
Santa Fe, NM 87504

J-26

Article Number 7005 1820 0001 6804 3403
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Kenneth V Blackwell
PO BOX 53180
Lubbock, TX 79453

J-26

Article Number 7005 1820 0001 6804 3250
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Texas - New Mexico Railroad
PO BOX 409783
Atlanta, GA 30384-9783

J-26

Article Number 7005 1820 0001 6804 3328
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-15

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Patricia House
P.O. Box 3715
Midland, TX 79702

J-26

Article Number 7005 0390 0000 9980 3890
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JAN 13 2006

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

W H Robbins

PO BOX 1643
Eunice, NM 88231

J-26

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 3748

PS Form 3811, February 2004

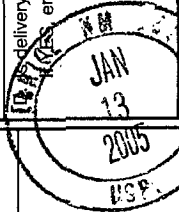
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Evelyn J. Robbins* ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Eva Toussaint

1761 Colavita
Reno, NV 89521

J-26

Article Number

(Transfer from service label)

7005 1820 0001 6804 3748

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Eva J. Robbins* ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Soil & Water Conservation Bureau
NM Dept of Agriculture/Ag Programs & Resources
BOX 30005/APR
Las Cruces, NM 88003-8005

BD J-26

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 2055

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Evelyn J. Robbins* ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Evelyn J. Robbins* ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

WAMT - Campus
Post Office

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 2192

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Kendrick
me at Law
Paseo de Peralta
a Fe, NM 87501

BD J-26

Article Number

Transfer from service label

7005 1820 0001 6804 2154

PS Form 3811, February 2004

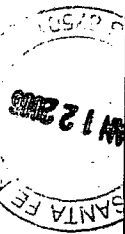
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 1/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

er Resources Division
Engineer
an Building
a Fe, NM 87503

BD J-26

Article Number

Transfer from service label

7005 1820 0001 6804 2178

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Lee Wilson & Associates
PO BOX 931
Santa Fe, NM 87501

BD J-26

Article Number

Transfer from service label

7005 1820 0001 6804 2123

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Colorado River Board of Calif.
Gerald R. Zimmerman
770 Fairmont Ave, Ste. 100
Glendale, CA 91203-1035

BD J-26

Article Number

Transfer from service label

7005 1820 0001 6804 1997

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery 1-13-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Falls Properties Inc

PO Drawer T
Elephant Butte, NM 87935

J-26

Article Number 7005 1820 0001 6804 3298

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Carol E. Falls 1-19-06

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

P.O. BOX 36869
Albuquerque, NM 87176

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Jay Lazarus
PO BOX 5727
Santa Fe, NM 87502

BD J-26

Article Number 7005 1820 0001 6804 2208

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Patricia S. Grady

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

John W Hice Jr
PO BOX 943
Eunice, NM 88231

Article Number 7005 1820 0001 6804 3526

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
JEAN SAHMAN 1-27-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number 7005 1820 0001 6804 2355

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Chief
Hazardous Waste Bureau
Runnels Building
Santa Fe, NM 87504

2. Article Number: 7005 1820 0001 6804 2130
(Transfer from service label)

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature: *Colin Adams*

Received by (Printed Name):

Date of Delivery:

Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Addressed to:

Colorado River Basin Ctr. Forum
c/o A. Barnett
16 West 500 South, Suite 101
Bountiful, UT 84010

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

2. Article Number: 7005 1820 0001 6804 1973
(Transfer from service label)

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature: *Sig Rivera*

Received by (Printed Name):

Date of Delivery:

Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

Domestic Return Receipt

102595-02-M-1540

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Environmental Counsel ATTN: Colin Adams
Silver Service Company of NM
Silver, Southwest
Tucuman, NM 87158

2. Article Number: 7005 1820 0001 6804 2215
(Transfer from service label)

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature: *Colin Adams*

Received by (Printed Name):

Date of Delivery:

Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

2. Article Number: 7005 1820 0001 6804 2093
(Transfer from service label)

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature: *Sig Rivera*

Received by (Printed Name):

Date of Delivery:

Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

Domestic Return Receipt

102595-02-M-1540

ER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Tom Kennan
PO BOX 202
Eunice, NM 88231

Article Number: 7005 1820 0001 6804 3540
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Tom Kennan* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Tom Kennan* C. Date of Delivery:

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Attorney General's Office
PO BOX 1508
Santa Fe, NM 87504

Article Number: 7005 1820 0001 6804 2062
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Tom Kennan* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Tom Kennan* C. Date of Delivery:

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Joel W Sisk
PO BOX 1013
Eunice, NM 88231

Article Number: 7005 1820 0001 6804 3670
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Joel W Sisk* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Joel W Sisk* C. Date of Delivery:

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Phifer Hollis
PO BOX 38
Eunice, NM 88231

Article Number: 7005 1820 0001 6804 3601
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Phifer Hollis* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *Phifer Hollis* C. Date of Delivery: *1-17-06*

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

ER: COMPLETE THIS SECTION

1. Article Addressed to: State Parks & Recreation
Director
1220 S St Francis
Santa Fe, NM 87505

2. Article Number: 7005 1820 0001 6804 2239

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature: John A. Fisher

6. Received by (Printed Name): John A. Fisher

7. Date of Delivery: 1/20/04

8. Is delivery address different from item 1? ☐ Yes ☐ No

9. If YES, enter delivery address below:

10. Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: Bruce S. Garber
Attorney at Law
PO BOX 0850
Santa Fe, NM 87504-0850

2. Article Number: 7005 1820 0001 6804 2185

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature: M. Finn

6. Received by (Printed Name): M. Finn

7. Date of Delivery: 1/20/04

8. Is delivery address different from item 1? ☐ Yes ☐ No

9. If YES, enter delivery address below:

10. Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to: Randy Hicks
901 Rio Grande Blvd NW Suite F-142
Albuquerque, NM 87104

2. Article Number: 7005 1820 0001 6804 2239

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature: Randy Hicks

6. Received by (Printed Name): Randy Hicks

7. Date of Delivery: 1/20/04

8. Is delivery address different from item 1? ☐ Yes ☐ No

9. If YES, enter delivery address below:

10. Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to: Department of Game & Fish
Director
Villagra Building
Santa Fe, NM 87503

2. Article Number: 7005 1820 0001 6804 2079

3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

5. Signature: M. Finn

6. Received by (Printed Name): M. Finn

7. Date of Delivery: 1/20/04

8. Is delivery address different from item 1? ☐ Yes ☐ No

9. If YES, enter delivery address below:

10. Domestic Return Receipt

DER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

Maria Collins
300 Rincor De Ramos
Rio Rancho, NM 87124

BD J-26

Article Number

(transfer from service label)

Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 1820 0001 6804 7197

Domestic Return Receipt

102595-02-M-1540

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage

Certified Fee

**Return Receipt Fee
(Endorsement Required)**

**Restricted Delivery Fee
(Endorsement Required)**

Total Postage & Fees

Sent To

Street, Apt. No.;
or PO Box No.

City, State, ZIP+4

Richard F Anderson
2900 Vista Del Rey #20C
Albuquerque, NM 87112

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

Address

C. Date of Delivery

B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes

IF YES enter delivery address below* ☐ No

3. Service Type:

☒ Certified Mail ☐ Express Mail

☐ Registered per

☐ Registered ☐ Returned Mail ☐ Retail Receipts for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number

Transfer from service-label)

END

Domestic Return Receipt

102595-02-M-1540

**ELECTRONIC JOURNAL OF
COMBINATORICS**

CERTIFIED MAIL™

RICE *Operating Company*
122 West Taylor
Hobbs, NM 88240



2005 1820 0001 6804 7173

Richard F Anderson
2900 Vista Del Rey #20C
Albuquerque NM 87112

UNCLASSIFIED

UNCLASSIFIED

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3/19/06

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE ADDRESSES, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

E A Smith
PO Box 97
Eunice, NM 88231

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

☐ Yes

☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Restricted Delivery? (Extra Fee)

☐ Yes

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

Domestic Return Receipt

102595-02-M-15

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage

\$

39

Certified Fee

2.40

Return Receipt Fee
(Endorsement Required)

1.85

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

4.64

Sent To

Street, Apt. No.,
or PO Box No.

E A Smith

City, State, ZIP+4

PO Box 97

Eunice, NM 88231

PS Form 3800, June 2002

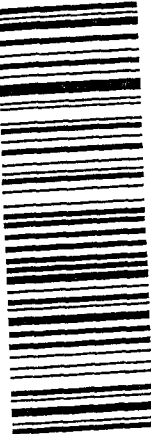
See Reverse for Instructions



BD-J26

RICE Operating Company

122 West Taylor
Hobbs, NM 88240



U.S. POSTAGE
1025
0063-04-640 MAR 01 2004
7005 1820 0001 6804 7180

- ☒ Not Deliverable As Addressed
- ☐ Unable To Forward
- ☒ Insufficient Address
- ☐ Moved, Left No Address
- ☐ Unclaimed
- ☐ Returned
- ☐ Attempted - Not Known
- ☐ No Such Street
- ☐ No Such City/State
- ☐ No Such Zip Code
- ☐ No Such Post Office
- ☐ No Such Post Office
- ☐ No Such Post Office
- ☐ No Such Post Office

**FORWARDING
ORDER EXPIRED**

E A Smith
PO Box 97
Eunice, NM 88231

0063-04-640 MAR 01 2004

0063-04-640 MAR 01 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jay D. Martin & Sharon Martin
PO Box 416
Eunice, NM 88231

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 7210

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

Sharon Martin 3/3/06

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glen A Teague
PO Box 533
Eunice, NM 88231

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 7494

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

Glen Teague 3/3/06

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
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3. Service Type

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4. Restricted Delivery? (Extra Fee)

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SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Johnston Construction Inc
PO Drawer 1769
Eunice, NM 88231

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 7203

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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☒ Addressee

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PATRICK 3-3-06

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3. Service Type

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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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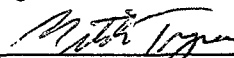
1. Article Addressed to:

Mitchell Tyree
P.O. Box 665
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Mitch Tyree

C. Date of Delivery

4-13-06

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

J-26 7005 1820 0001 6804 5001

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

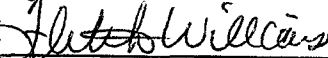
1. Article Addressed to:

Tommie Williams
P.O. Box 1355
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

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7005 1820 0001 6804 8101

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

BILL RICHARDSON
Governor

May 05, 2005

Joanna Prukop
Cabinet Secretary
Mark Fesmire
Director
Oil Conservation Division

Carolyn Doran Haynes
Rice Operating Company
122 West Taylor
Hobbs, New Mexico 88240

Re: Sites with confirmed Groundwater Contamination

Dear Ms. Haynes:

Pursuant to the New Mexico Oil Conservation Division rule 19.15.1.19 (Rule 19) Prevention and Abatement of Water Pollution requires all responsible persons who are abating water pollution in excess of the standards shall do so pursuant to an abatement plan approved by the director.

Therefore, Rice Operating Company is hereby required to submit individual abatement plans for OCD approval by July 15, 2005 for each of the following sites:

EME Sites;

H-13	UL	H	Sec 13, T20s, R36E	1R0429
M-9	UL	M	Sec 9, T20s, R37E	1R0331
P-6	UL	P	Sec 6, T20s, R37E	1R0422
Jct. N-5	UL	N	Sec 5, T20S, R37E	1R0427-90
Jct. M-16-1	UL	M	Sec 16, T20S, R37E	1R0427-93
Jct. K-33-1	UL	K	Sec 33, T19S, R37E	1R0427-92
Jct. A-20	UL	A	Sec 20, T20S, R37E	1R0427-89
Jct. K-6	UL	K	Sec 6, T20S, R37E	1R0427-88
Marathon Barber EOL	UL	E	Sec 5, T20S, R37E	1R0427-91
jct. D-1 leak	UL	D	Sec. 1, T20S, R36E	not assigned

BD Sites:

Zachary Hinton EOL	UL	O	Sec 12, T22S, R37E	1R0426-36
Jct. J-26	UL	J	Sec 26, T21S, R37E	1R0426-40
Jct. F-17	UL	F	Sec 17, T21S, R37E	1R0426-33
Jct. I-27	UL	I	Sec 27, T21S, R37E	1R0426-35
Jct. N-29	UL	N	Sec 29, T21S, R37E	1R0426-37
jct. E-3	UL	E	Sec 3, T22S, R37E	1R0426-53

Justis Sites:

jct. L-1	UL	L	Sec 1, T25S, R37E	1R0423-0
SWD H-2	UL	H	Sec 2, T26s, R37E	1R0423-01

Hobbs Sites:

Jct. F-29-1A	UL	F	Sec 29, T18S, R38E	not assigned
I-29 Vent	UL	I	Sec 29, T18S, R38E	not assigned

After OCD receives the plans each site will be assigned a new Abatement Plan number (AP#) for tracking purposes. If you have any questions please do not hesitate to contact me at 505-476-3493 or E-mail

DJSanchez@state.nm.us; or contact Wayne Price of my staff at 505-476-3487 or e-mail WPRICE@state.nm.us.

Sincerely;



Daniel Sanchez
Enforcement and Compliance Manager
DS/wp

Cc: OCD Hobbs office

Price, Wayne

From: Price, Wayne
Sent: Tuesday, February 22, 2005 8:58 AM
To: 'gil@trident-environmental.com'; Price, Wayne
Cc: Carolyn Doran Haynes (E-mail); Sheeley, Paul; Johnson, Larry
Subject: RE: J-26 site

OCD apologizes for the delayed response, Unfortunately I have been out with the worst case of Flu.

OCD hereby approves of your request with the following conditions:

1. Submit your findings with recommendations by March 22, 2005.
2. Obtain OCD approval for location of all future monitoring wells.

Please be advised that NMOCD approval of this plan does not relieve (Rice Operating) of liability should their operations fail to adequately investigate and remediate contamination that pose a threat to ground water, surface water, human health or the environment. In addition, NMOCD approval does not relieve (Rice Operating) of responsibility for compliance with any other federal, state, or local laws and/or regulations.

-----Original Message-----

From: Gil Van Deventer [mailto:gilvandeventer@yahoo.com]
Sent: Tuesday, February 15, 2005 10:30 AM
To: Wayne Price
Subject: J-26 site

Wayne

I tried caling you but there seems to be a problem with the phone system. Anyway, I submitted a response to your Dec 8th email for the BD J-26 Jct Box site (Case #1R0426-40) by your Feb 1 deadline (attached). In the response we propose 2 tasks. Task 1 is to Collect Regional Hydrogeologic Data. It turns out we need to do this *before* Task 2 which describes installing a *downgradient* MW. The data search in Task 1 is necessary because the true gradient direction is hard to determine so far. Each quarter of sampling it has shown a different *localized* direction. It turns out there are numerous water supply wells in the area so we need to know what influence they may have, if any, before installing one or more addtional MWs and to determine the true downgradient direction.

So what I am asking is: do we have approval to proceed with Task 1 and hold Task 2 pending the results of Task 1?

Please advise.

Thanks,
Gil

Gilbert J. Van Deventer, PG, REM, NMCS

Trident Environmental

www.trident-environmental.com

Office/Mobile: 432-638-3106

2/22/2005



CERTIFIED MAIL
RETURN RECEIPT NO. 7099 3400 0017 1737 2572

January 28, 2005

Mr. Wayne Price
New Mexico Energy, Minerals, & Natural Resources
Oil Conservation Division, Environmental Bureau
1220 S. St. Francis Drive
Santa Fe, New Mexico 87504

RECEIVED

FEB 2 2005

Oil Conservation Div
1220 S. Saint Francis
Santa Fe, NM

RE: **UPDATE ON SITE WORK PLAN
BD J-26 JUNCTION BOX SITE
T21S-R37E-Section 26, Unit Letter J
NMOCD CASE # 1R0426-40**

Mr. Price:

RICE Operating Company (ROC) has retained Trident Environmental to address potential environmental concerns at the above-referenced site. The 2004 Annual Groundwater Monitoring Report for the J-26 Junction Box Site is being submitted with this update as a separate document. The recommendations herein propose further actions in response to the concerns expressed in your email dated December 8, 2004, which reads in part, as follows:

"Trident Environmental on behalf of Rice Operating Company (ROC) submitted a groundwater investigation plan dated June 20, 2003. OCD approved of the plan on June 27, 2003. As of this date OCD has not received the comprehensive report with findings nor recommendations. Please provide this report no later than February 01, 2005. The report should include all of the reporting requirements as spelled out in the plan. In addition, please have your consultant provide detail information on how the groundwater gradient map is constructed, including calculations."

BACKGROUND

The J-26 Junction Box site is located in township 21 south, range 37 east, section 26, unit letter J approximately 1 mile north-northwest of the intersection of NM State Highway 18 and County Highway 176 near Eunice, NM as shown in Figure 1. Land in the site area is primarily utilized for oil and gas production and cattle ranching. Area oil and gas production is operated by John H. Hendrix Corp and the surface landowner is Delrose Scott.

PREVIOUS WORK

Initial soil sampling activities for delineation of the J-26 junction box area began on May 2, 2002, as part of ROC's junction box upgrade program. Sampling results indicated TPH and chloride impacts approaching the depth to groundwater at about 41 feet below ground surface (bgs).

In September 2002, excavation of TPH impacted soil was completed to a depth of 42 feet bgs. The excavated soil was land farmed on site, with the exception of 480 cubic yards of TPH impacted soil,

which was transported to the Sundance facility in Eunice, NM. Clean backfill was placed in the deep excavation from 42 feet to 27 feet bgs. A 12-inch compacted clay liner was then installed prior to backfilling with the remediated soil in 3-foot lifts. A second 12-inch compacted liner was installed at 5 feet bgs. The remaining remediated soil was placed above the clay liner and contoured to drain rainwater away from the area above the liner. A new replacement junction box was installed about 60 feet north of the former location. The surface was then reseeded and monitored for growth.

On October 10, 2002, a monitoring well (MW-1) was installed immediately adjacent to the southeast corner of the excavated area. Subsequent sampling of MW-1 confirmed that groundwater was impacted with chloride and TDS levels above WQCC standards, however there was no hydrocarbon impact based on BTEX concentrations below laboratory detection limit of 0.001 mg/L. The disclosure report detailing all of the above-referenced work was completed on October 29, 2002 and forwarded to the NMOCD in early 2003 along with the disclosure reports for other sites.

A work plan addressing further actions was submitted by Trident Environmental on June 20, 2003 and was approved by the NMOCD on June 27, 2003. In accordance with the work plan, monitoring wells MW-2 and MW-3 were installed approximately 220 feet down gradient (south-southeast) and approximately 150 feet upgradient (northwest) of MW-1, respectively, on August 19, 2003. Subsequent sampling results indicated MW-2 and MW-3 delineated the downgradient and upgradient extent of chloride and TDS impact to groundwater. Quarterly monitoring of the groundwater has been conducted since the installation of MW-1. A complete report of the past quarterly monitoring and sampling results has been forwarded to you.

The source of this impact is historical. There is no longer a threat of compounded impact from the vadose zone at this site because of the excavation, lining and backfilling of the former source area near MW-1. The rapid decline of chloride and TDS concentrations in MW-1 by more than an order of magnitude over the last 2 years support this fact. ROC understands your concern that there is a possibility that the rapid decline in chloride/TDS concentrations in MW-1 are a result of downgradient migration of the plume. Therefore, continued groundwater monitoring and a more complete delineation of the chloride/TDS plume are needed to assess any potential risk to downgradient receptors (water wells) from a migrating plume.

RECOMMENDATION FOR FURTHER ACTIONS

As discussed above, existing site data and analysis document impairment of ground water quality. The following tasks are designed to assist ROC in selecting an appropriate groundwater remedy.

Task 1 Collect Regional Hydrogeologic Data

Due to the varying groundwater gradient direction over the past four quarterly sampling events ROC has determined that an expanded data search for existing water wells in the area must be made to define the regional gradient pattern in order to determine the proper downgradient direction. Also, this data search is necessary to establish background water quality conditions, particularly chloride and TDS concentrations. Approximately nine water wells within a one-mile radius of the site were identified based on information from the United States Geological Survey (USGS) and New Mexico Office of the State Engineer (SEO) website databases. The location of these water wells are shown in Figure 1 and listed in Table 1. A site visit and well access is necessary to verify the existence of the area water wells and to acquire current data (depth to groundwater, chloride and TDS concentrations) from them. A regional groundwater gradient map and chloride/TDS concentration map will be constructed after compiling the necessary data.

Task 2 Evaluate Concentrations of Constituents of Concern in Ground Water

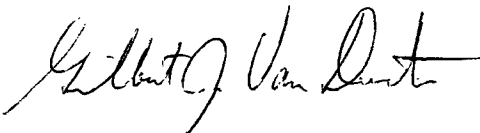
To address your concern whether the chloride/TDS plume has migrated offsite an additional monitoring well (MW-4) will be placed approximately halfway (1,000 feet east-southeast) between MW-1 and the nearest potential receptor which is an abandoned windmill (SEO File No. 0220). The proposed monitoring well location is on the site map (Figure 1). During drilling operations, soil samples will be collected periodically (five feet intervals) and field-tested for chloride content using the titration method. The monitoring well will be completed as described in the attached well construction diagram.

The information gathered from tasks 1 and 2 will be evaluated and utilized to design a groundwater remedy if needed. The ground water remedy that offers the greatest environmental benefit while causing the least environmental impairment will be selected. Such recommendations and findings will be presented to NMOCD in a subsequent Corrective Action Plan (CAP). When evaluating any proposed remedy or investigative work, ROC will confirm that there is a reasonable relationship between the benefits created by the proposed remedy or assessment and the economic and social costs.

ROC is the service provider (operator) for the BD SWD System and has no ownership of any portion of the pipeline, well, or facility. The System is owned by a consortium of oil producers, System Partners, who provide all operating capital on a percentage ownership/usage basis. Environmental projects of this magnitude require System Partner AFE approval and work begins as funds are received. In general, project funding is not forthcoming until NMOCD approves the work plan. Therefore, your timely review of this submission is requested.

We appreciate the opportunity to work with you on this project. Please feel free to call me at 432-638-3106 or Kristin Farris Pope at 505-393-9174, if you have any questions.

Sincerely,

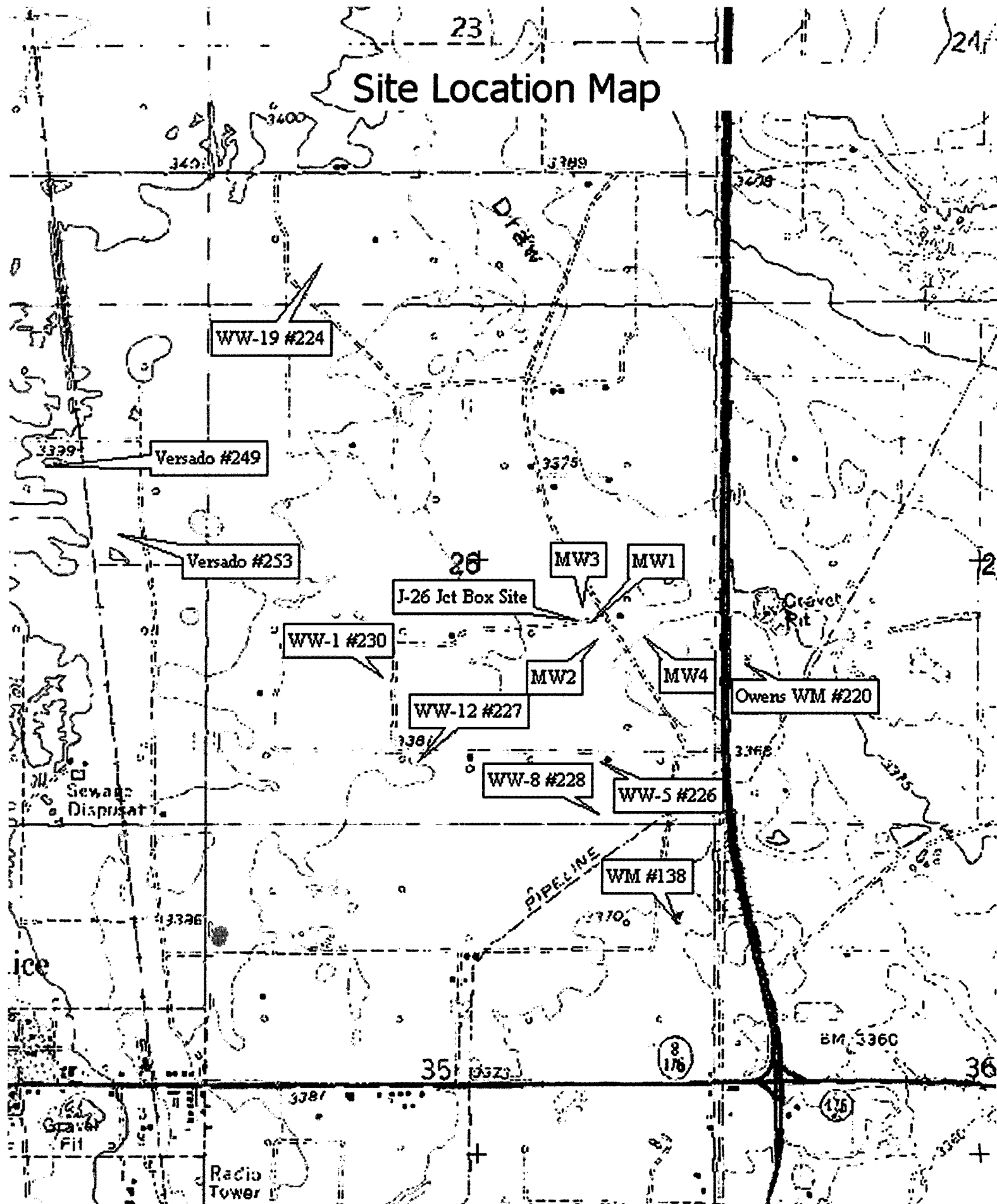


Gilbert J. Van Deventer, REM, PG, NMCS
Project Manager

cc: CDH, KFP, file

enclosures: site location map and photos

24r

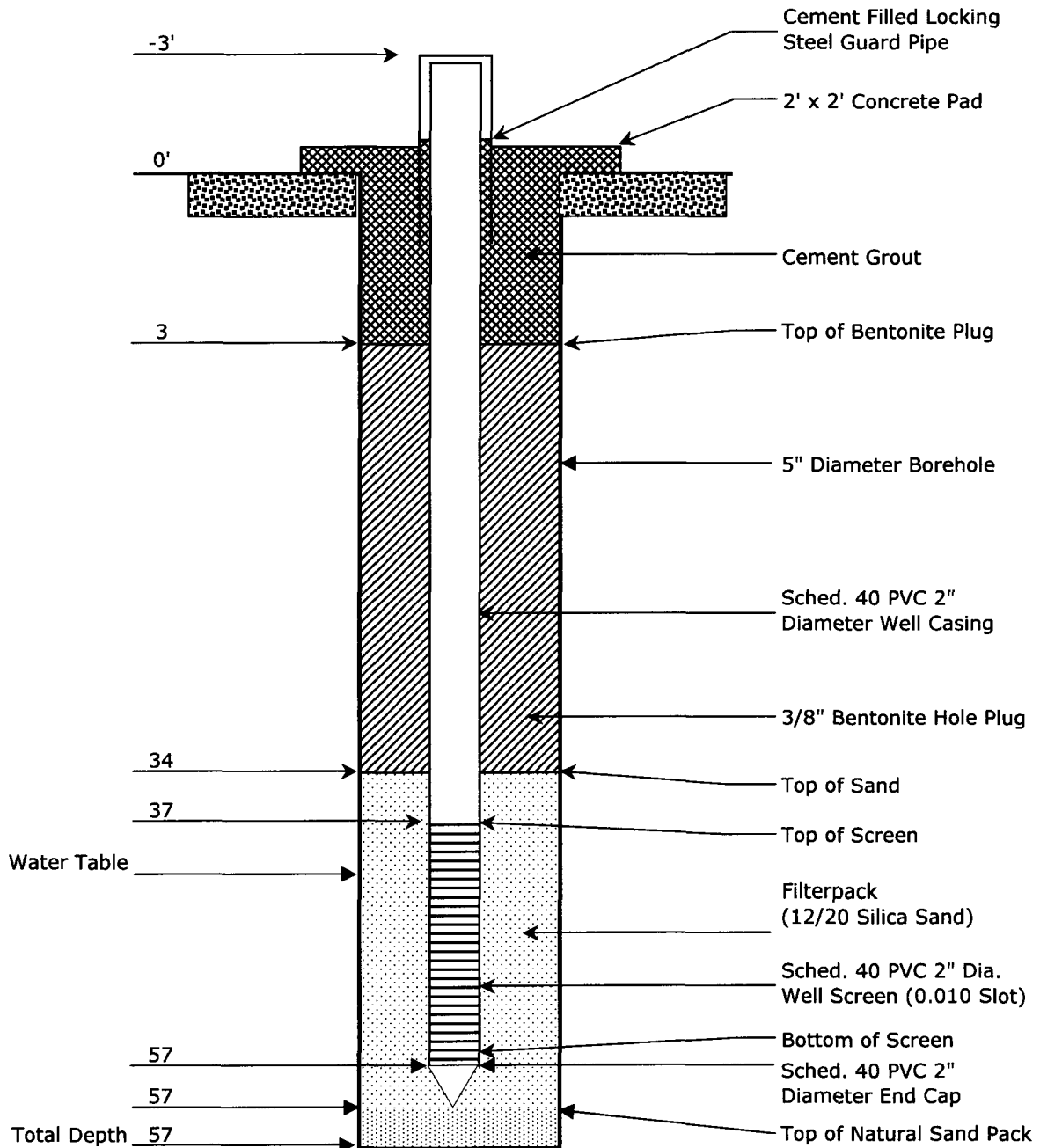


Directions: Take State Hwy 18 north 0.7 miles from Intersection with County Hwy 176. Turn left onto caliche lease road, and head west 100 yards. Turn right and continue $\frac{1}{3}$ mile to site on left side of road.

Water Wells Within One Mile of J-26 Junction Box Site

SEO File No.	Owner	Well Use	Well ID	Well Location	Well Depth	Distance/Direction From J-26 Jct Box
220	M. W. Owens	Stock	Windmill	T21S R37E Sec 25.311	53'	1,200' ESE
226	Versado Gas Processors LLC	Industrial	WW-5	T21S R37E Sec 26.441	80'	1,700' SSE
230	Versado Gas Processors LLC	Industrial	WW-1	T21S R37E Sec 26.323	85'	1,900' SW
227	Versado Gas Processors LLC	Industrial	WW-12	T21S R37E Sec 26.432	85'	2,100' SW
228	Versado Gas Processors LLC	Industrial	WW-8	T21S R37E Sec 26.434	90'	2,200' SSE
138	Marion and William O Stephens	Stock	Windmill	T21S R37E Sec 35.223	47'	3,500' SSE
224	Versado Gas Processors LLC	Industrial	WW-19	T21S R37E Sec 23.334	96'	4,300' NW
253	Versado Gas Processors LLC	Industrial	---	T21S R37E Sec 27.243	102'	4,600' WNW
249	Versado Gas Processors LLC	Industrial	---	T21S R37E Sec 27.232	102'	5,500' WNW

MONITORING WELL CONSTRUCTION DIAGRAM



SITE: BD J-26 JUNCTION BOX	
DATE: 01/28/05	REV. NO.: 1
AUTHOR: GJV	DRAWN BY: GJV
CK'D BY: DTL	FILE: Well Bore Diagram

**Proposed MW-4
Monitoring Well
Construction Diagram**

Price, Wayne

From: Price, Wayne
Sent: Thursday, December 09, 2004 10:42 AM
To: Carolyn Doran Haynes (E-mail); Kristin Farris Pope (E-mail)
Cc: Randall Hicks (E-mail); Gil Van Deventer (E-mail)
Subject: Path Forward

Dear Ms. Haynes:

The OCD has logged every ROC site into our RBDM system. I will be sending you this comprehensive list. The list will have case numbers for all of our sites. I would like to see Kristin add those numbers to here spreadsheet if possible. I will be in the process of reviewing all of the closure sites (i.e. green sheet cover) and hope to send you approvals so we can close those sites out. I would also think it would be helpful if ROC would spell out on your spread sheet how each site was being closed. For example if one of the generic plans is or was used please note that, If not then signify type of closure, i.e. case-by-case, etc.

For disclosure sites, I am going to try to let ROC set the priority for these sites, however if we receive a complaint or in OCD's opinion it is a possible threat to public health then we may ask you to address that particular site.

I have already sent you my comments concerning the monument area up-gradient groundwater issue. The vadose zone and groundwater issues will have to be addressed. One thing we might do is set a lower priority on those sites and delay work until we have more data.

The other issue of concern for OCD is where disclosure sites had groundwater contamination and over a period of time this contamination has been reduced below the groundwater standards by dilution. OCD is very concerned that salt density gradient plumes are simply moving off site and thus could degrade down-gradient fresh water sources. OCD has a fiduciary duty to make sure this is not happening. Therefore, ROC will be expected to demonstrate this phenomenon is not happening. OCD will not accept models that demonstrate this unless monitor wells are installed to calibrate the model.

Sincerely:

Wayne Price
New Mexico Oil Conservation Division
1220 S. Saint Francis Drive
Santa Fe, NM 87505
505-476-3487
fax: 505-476-3462
E-mail: WPRICE@state.nm.us

Price, Wayne

From: Gilbert J Van Deventer [kickbooty@juno.com]
Sent: Thursday, December 09, 2004 9:03 AM
To: WPrice@state.nm.us
Cc: riceswd@leaco.net; enviro@leaco.net
Subject: Re: BD J-26 site

Attached is the work plan for the BD J-26 Junction Box site in pdf format which you approved last year. Since the installation of the two proposed upgradient and downgradient monitoring wells in October 2003 Rice has been conducting quarterly sampling with the intention of sending a 2004 year-end report of conclusions and recommendations as spelled out in the plan (Page 3 under "Reporting Requirements"). Since we conducted the last quarter sampling for this year in November that report is being prepared at this time and will be submitted to you no later than February 01, 2005.

I will call you this morning to discuss options.

Thanks,
 Gil

Gilbert J. Van Deventer, PG, NMCS, REM
gil@trident-environmental.com
 Trident Environmental, PO Box 7624, Midland TX 79708-7624
 Office: 432-682-0808, Fax/Home: 432-682-0727, Mobile: 432-638-3106
 Website Address: www.trident-environmental.com
 On Wed, 8 Dec 2004 16:58:11 -0700 "Price, Wayne" <WPrice@state.nm.us> writes:

Thank you for the information: I will still need the report for the plan I originally approved and investigation plan for the site to demonstrate that the salt plume has not simply moved off-site. Is it contaminating down gradient sources of fresh water? The only way to tell this and build confidence in this approach is to install a monitor well. Rice shall submit the plan I requested.

-----Original Message-----

From: Gilbert J Van Deventer [mailto:kickbooty@juno.com]
Sent: Wednesday, December 08, 2004 3:58 PM
To: WPrice@state.nm.us
Cc: riceswd@leaco.net; enviro@leaco.net
Subject: Re: BD J-26 site

Wayne:

Attached is the latest data for J-26 in Adobe pdf format. This site was recently sampled last month (11-09-04).

To answer your question regarding how the groundwater gradient map is constructed I have been using Surfer® (version 6.0) to determine groundwater gradients. This program has been around for many years (over 10) and seems to be the industry standard for constructing groundwater gradient maps and isopleths for contaminants of concern. Of the options available within Surfer I use the following methods for constructing most of my groundwater gradient maps:

Grid Method: Kriging
Variogram Model: Quadratic
Drift Type: Linear (Because the groundwater gradients tend to vary around a linear trend)
Scale (C) = 0.295, Length (A) = 180

After getting the final output (groundwater gradient map) from Surfer, I export it into dxf format so I can then import it into my CAD program (TurboCad) for a much better look, that is, so I can include site features (roads, tanks, etc.), legends, scale bar, analytical results, etc.

Attached is another pdf file that explains the options in Surfer and how they are used. As far as calculations go I can provide you the spreadsheet files, input and output files but I'm guessing you don't want that level of detail.

If you have any questions please feel free to call or email me.

Sincerely,

Gilbert J. Van Deventer, PG, NMCS, REM
gil@trident-environmental.com
Trident Environmental, PO Box 7624, Midland TX 79708-7624
Office: 432-682-0808, Fax/Home: 432-682-0727, Mobile: 432-638-3106
Website Address: www.trident-environmental.com

On Wed, 8 Dec 2004 13:46:33 -0700 "Price, Wayne" <WPrice@state.nm.us> writes:

Dear Ms. Haynes:

Trident Environmental on behalf of Rice Operating Company (ROC) submitted a groundwater investigation plan dated June 20, 2003. OCD approved of the plan on June 27, 2003. As of this date OCD has not received the comprehensive report with findings nor recommendations. Please provide this report no later than February 01, 2005. The report should include all of the reporting requirements as spelled out in the plan. In addition, please have your consultant provide detail information on how the groundwater gradient map is constructed, including calculations.

OCD is in receipt of ROC annual monitoring reports. The reports indicate groundwater has been impacted by ROC operations, so therefore please include a remediation plan to address removing the groundwater contamination.

Sincerely:

Wayne Price
New Mexico Oil Conservation Division
1220 S. Saint Francis Drive
Santa Fe, NM 87505
505-476-3487
fax: 505-476-3462

E-mail: WPRICE@state.nm.us

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June 20, 2003

Mr. Wayne Price
Environmental Bureau
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

RE: Work Plan for Blinebry-Drinkard J-26 Junction Box Site
T21S, R37E, SEC 26, Unit Letter J
Lea County, New Mexico

Dear Mr. Price:

Trident Environmental has been retained by Rice Operating Company (Rice) to develop and submit this work plan for further actions regarding the chloride and total dissolved solids (TDS) -impacted groundwater at the Blinebry-Drinkard J-26 junction box site. NMOCD approval of this work plan will be necessary so that Rice can obtain an authorization for expenditure (AFE) from their system partners prior to initiating the activities specified herein.

Although the concentrations of chloride (4,520 mg/L) and TDS (9,020 mg/L) are above the New Mexico Water Quality Control Commission (WQCC) standards of 250 mg/L and 1,000 mg/L, respectfully, significant remediation work has already been completed by Rice (excavation to 42 feet below land surface and placement of clay liners at 5 feet at 27 feet). In fact, chloride and TDS concentrations have already decreased significantly since completion of the remediation work. With that in mind, Trident recommends the actions described below be taken.

Potential Receptors

No residence or manned facilities are located within one half mile of the site. Numerous oil and gas operations are in the site area including an active tank battery and oil well located approximately 200 feet east and 400 feet east-northeast of the site, respectively. Based on a review of water well records listed on the New Mexico State Engineer Office and United States Geological Survey (USGS) websites, windmills marked on the USGS Hobbs SW topographic map, there are no water supply wells located within 1,000 feet of the site.

Installation of Groundwater Monitoring Wells

One monitoring well (MW-1) was installed directly within the former source area on October 10, 2002, and sampled on a quarterly basis for major ions (chloride, sulfate, bicarbonate, carbonate, calcium, magnesium, sodium, potassium), total dissolved solids (TDS), and benzene, toluene, ethylbenzene, and xylenes (BTEX). A summary of pertinent analytical results is listed in the following table.

Summary of Groundwater Analytical Results for MW-1

Date Sampled	Depth to Groundwater (feet)	Chloride (mg/L)	TDS (mg/L)	BTEX (mg/L)
10/29/02	43.02	4,520	9,020	< 0.001
02/28/02	42.33	3,470	6,870	< 0.001

Based on the chloride and TDS concentrations observed in MW-1, Trident recommends the installation of additional monitoring wells to delineate the horizontal extent of the chloride/TDS plume and determine the magnitude and direction of the groundwater gradient. The suspected direction of groundwater flow is to the southeast, therefore Trident recommends installation of the additional monitoring wells at the locations listed below.

- MW-2 approximately 220 ft. southeast of MW-1 in the presumed down gradient direction.
- MW-3 approximately 150 ft. west-northwest of MW-1 in the presumed upgradient direction
- MW-4 approximately 100 - 200 ft. down gradient from MW2 *only if* MW2 indicates groundwater is impacted with greater than 250 mg/l chlorides or 1,000 mg/l TDS

A site map showing the proposed monitoring well locations is included in Attachment A. During drilling operations, soil samples will be collected periodically (five feet intervals) and field-tested for chloride content using the titration method (QP-03 in Attachment B). Monitoring wells will be completed as described in the well construction diagram in Attachment B.

Monitoring Well Sampling Procedures

Prior to sampling, the monitoring will be gauged for depth to groundwater using an electronic water level indicator. Immediately prior to collecting groundwater samples, each monitoring well will be purged of a minimum of three well casing volumes of water using a new, clean, decontaminated disposable bailer. Water samples will be collected with the disposable bailer and transferred into appropriately preserved containers for analysis of major ions, TDS, and BTEX. Chain-of-custody (COC) forms documenting sample identification numbers, collection times, and delivery times to the laboratories will be completed for each set of samples. The water samples will be placed in an ice-filled cooler immediately after collection and transported to Environmental Lab of Texas in Odessa, Texas, or other approved laboratory, for analysis of the aforementioned constituents. Purging and water sampling procedures are described in further detail in Attachment B (QP-04 and QP-05).

Fate and Transport Modeling

If chloride concentrations in upgradient areas indicate that past operations at the BD J-26 site have impaired groundwater quality to levels above background levels, then fate and transport modeling is appropriate. The data obtained from the on site monitoring wells with other site specific information will be input into a fate and transport model such as WinTran (Version 1.3) to determine if the chloride/TDS plume will eventually attenuate by dispersion and dilution to levels below WQCC standards without risk to the human health and the environment.

Reporting Requirements

Depth to water measurements and groundwater samples will be obtained on a quarterly frequency for one year beginning immediately after the installation of the proposed new monitoring wells and annually thereafter. An annual groundwater investigation and monitoring report describing the monitoring well construction, sampling procedures, analytical results, modeling results, and conclusions of the investigation will be submitted to the New Mexico Oil Conservation Division (NMOCD). The following elements will be included in the annual report:

- A lithologic description and well completion diagram of the subsurface soils encountered, conditions observed, and construction details of each monitoring well.
- Groundwater elevation data and chloride and TDS concentrations for each monitoring event will be summarized in tabular format.
- Groundwater elevation map depicting the water table elevations and direction of groundwater flow for each sampling event.
- Chloride and TDS concentration maps for each sampling event.
- Maps displaying the modeled fate and transport of the chloride/TDS plume with respect to time.
- Identification of potential receptors
- Recommended further actions.

The proposed activities will be performed in accordance with NMOCD "*Guidelines for Remediation of Leaks, Spills, and Releases*" (August 13, 1993). Notice will be provided to the NMOCD at least one week prior to each sampling event.

NMOCD approval of this work plan is hereby requested so that Rice can obtain an AFE from their system partners prior to initiating these activities. We appreciate the opportunity to work with you on this project. Please feel free to call me at 432-682-0808, or Carolyn Haynes at 505-393-9174, if you have any questions.

Sincerely,

Gilbert J. Van Deventer, REM, NMCS
Project Manager

cc: Carolyn Haynes (Rice Operating Company – Hobbs, NM)

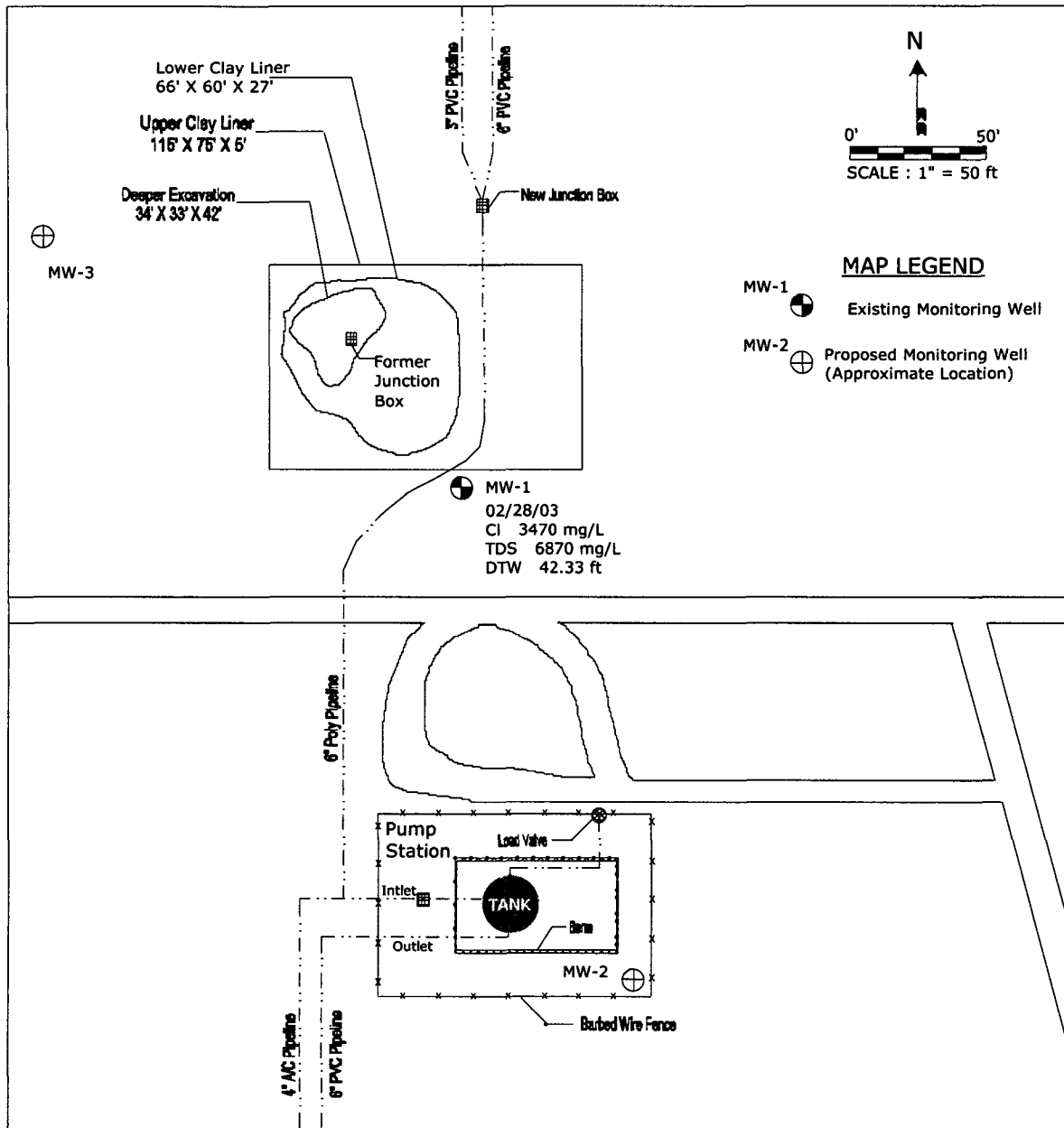
Attachments

ATTACHMENTS

ATTACHMENT A

PROPOSED MONITORING WELL LOCATION MAP

AND TOPOGRAPHIC MAP



Site: Blinebry-Drinkard J-26 Junction Box

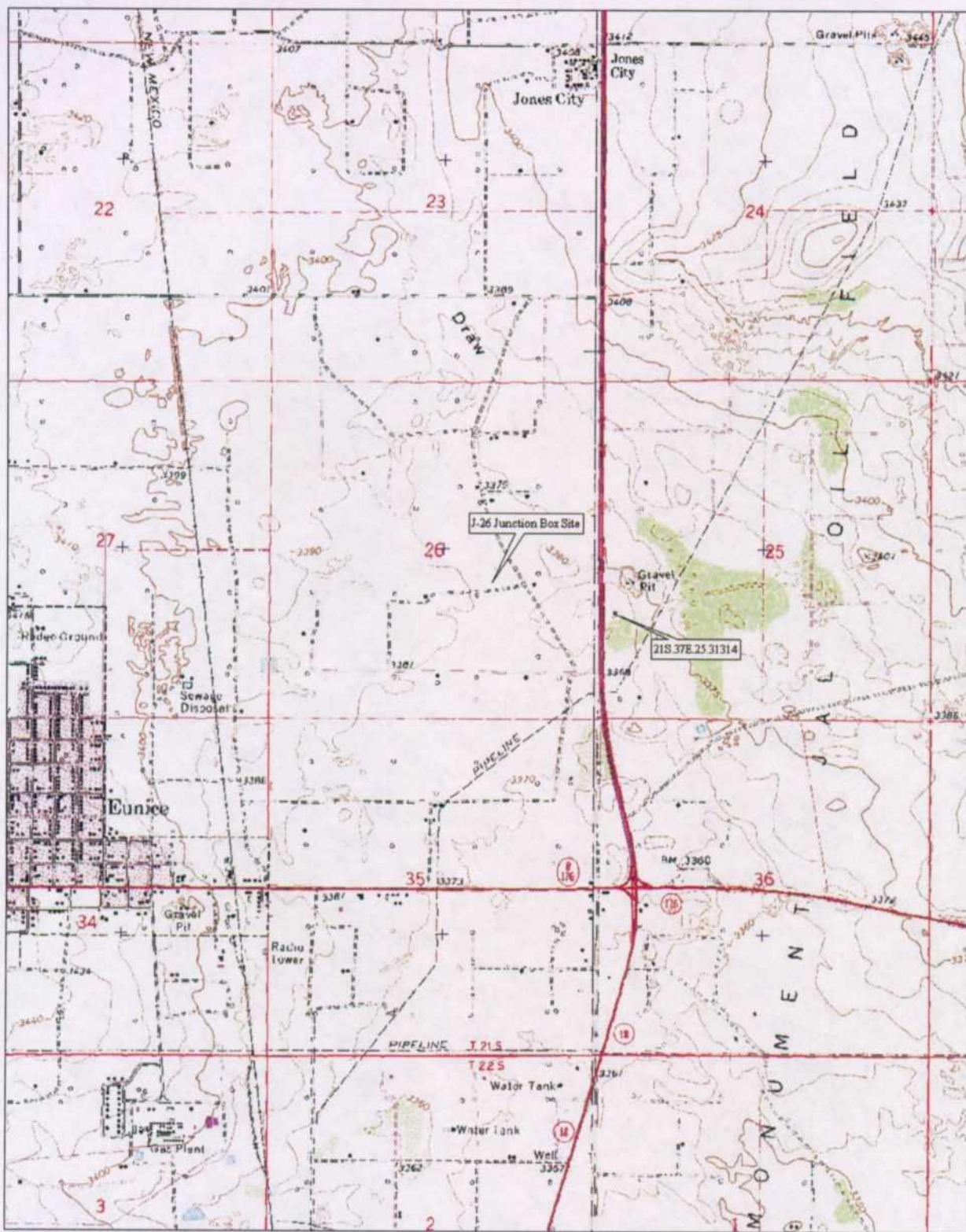
Date: May 19, 2003

Author: GJV Checked By: DTL

File: Projects/Rice/BD/J-26/J26SiteMap

SITE MAP

PROPOSED MONITORING WELL LOCATIONS



3-D TopoQuads Copyright © 1999 DeLorme, Yarmouth, ME 04096 Source Data: USGS

700 ft Scale: 1 : 24,000 Detail: 1:4 Custom: WGS84

ATTACHMENT B

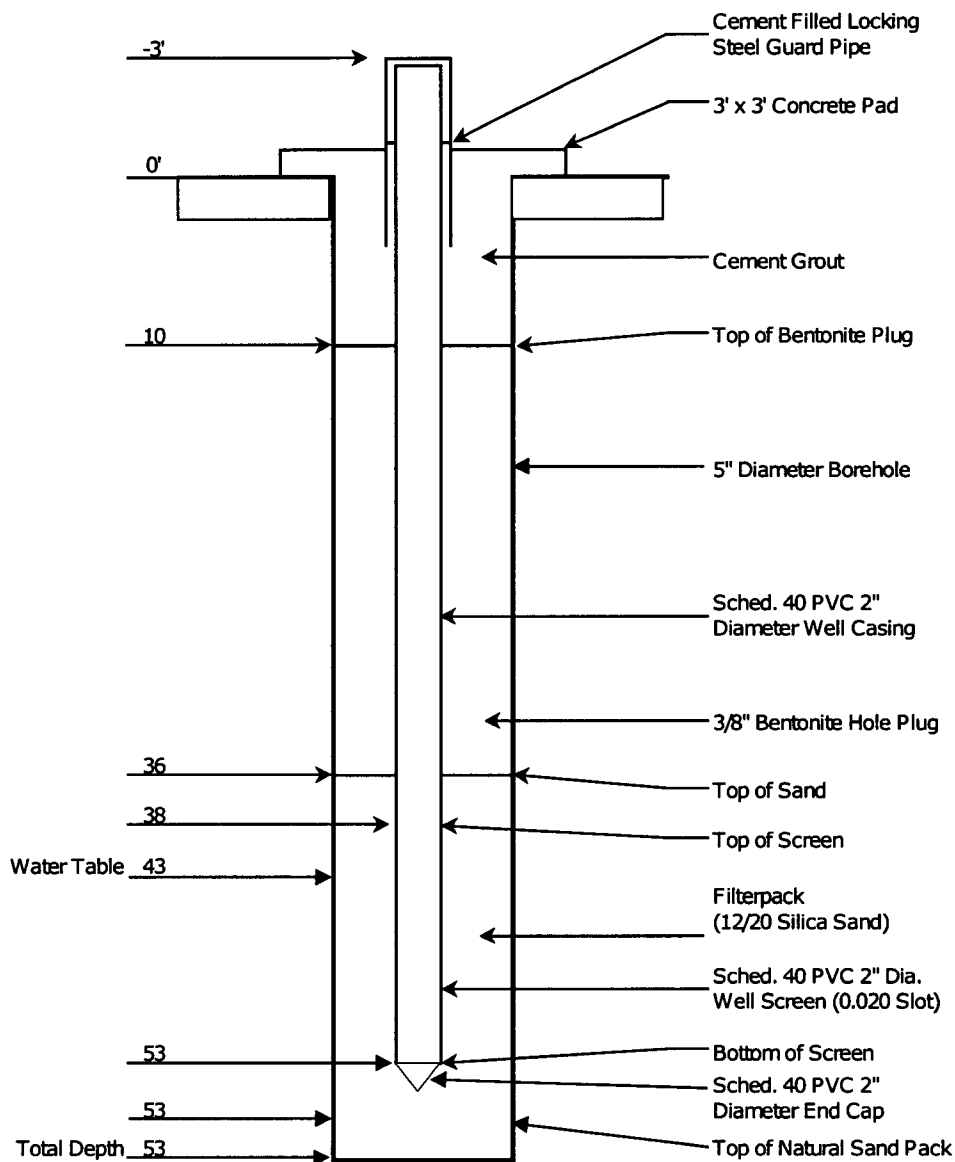
MONITORING WELL CONSTRUCTION DIAGRAM

SAMPLING AND TESTING PROTOCOL FOR CHLORIDE TITRATION

PROCEDURE FOR DEVELOPING CASED WATER MONITORING WELLS

PROCEDURE FOR OBTAINING WATER SAMPLES (CASED WELLS)

MONITORING WELL CONSTRUCTION DIAGRAM



SITE: BD J-26 JUNCTION BOX	
DATE: 03/20/03	REV. NO.: 1
AUTHOR: GJV	DRAWN BY: GJV
CK'D BY: DTL	FILE: Well Bore Diagram

**Monitoring Well
Construction Diagram**

Price, Wayne

From: Price, Wayne
Sent: Wednesday, December 08, 2004 4:58 PM
To: 'Gilbert J Van Deventer'; Price, Wayne; Carolyn Doran Haynes (E-mail); Kristin Farris Pope (E-mail)
Cc: riceswd@leaco.net; enviro@leaco.net
Subject: RE: BD J-26 site

Thank you for the information: I will still need the report for the plan I originally approved and investigation plan for the site to demonstrate that the salt plume has not simply moved off-site. Is it contaminating down gradient sources of fresh water? The only way to tell this and build confidence in this approach is to install a monitor well. Rice shall submit the plan I requested.

-----Original Message-----

From: Gilbert J Van Deventer [mailto:kickbooty@juno.com]
Sent: Wednesday, December 08, 2004 3:58 PM
To: WPrice@state.nm.us
Cc: riceswd@leaco.net; enviro@leaco.net
Subject: Re: BD J-26 site

Wayne:

Attached is the latest data for J-26 in Adobe pdf format. This site was recently sampled last month (11-09-04).

To answer your question regarding how the groundwater gradient map is constructed I have been using Surfer® (version 6.0) to determine groundwater gradients. This program has been around for many years (over 10) and seems to be the industry standard for constructing groundwater gradient maps and isopleths for contaminants of concern. Of the options available within Surfer I use the following methods for constructing most of my groundwater gradient maps:

Grid Method: Kriging
Variogram Model: Quadratic
Drift Type: Linear (Because the groundwater gradients tend to vary around a linear trend)
Scale (C) = 0.295, Length (A) = 180

After getting the final output (groundwater gradient map) from Surfer, I export it into dxf format so I can then import it into my CAD program (TurboCad) for a much better look, that is, so I can include site features (roads, tanks, etc.), legends, scale bar, analytical results, etc.

Attached is another pdf file that explains the options in Surfer and how they are used. As far as calculations go I can provide you the spreadsheet files, input and output files but I'm guessing you don't want that level of detail.

If you have any questions please feel free to call or email me.

Sincerely,

Gilbert J. Van Deventer, PG, NMCS, REM
gil@trident-environmental.com
Trident Environmental, PO Box 7624, Midland TX 79708-7624
Office: 432-682-0808, Fax/Home: 432-682-0727, Mobile: 432-638-3106
Website Address: www.trident-environmental.com

On Wed, 8 Dec 2004 13:46:33 -0700 "Price, Wayne" <WPrice@state.nm.us> writes:
Dear Ms. Haynes:

Trident Environmental on behalf of Rice Operating Company (ROC) submitted a groundwater investigation plan dated June 20, 2003. OCD approved of the plan on June 27, 2003. As of this date OCD has not received the comprehensive report with findings nor recommendations. Please provide this report no later than February 01, 2005. The report should include all of the reporting requirements as spelled out in the plan. In addition, please have your consultant provide detail information on how the groundwater gradient map is constructed, including calculations.

OCD is in receipt of ROC annual monitoring reports. The reports indicate groundwater has been impacted by ROC operations, so therefore please include a remediation plan to address removing the groundwater contamination.

Sincerely:

Wayne Price
New Mexico Oil Conservation Division
1220 S. Saint Francis Drive
Santa Fe, NM 87505
505-476-3487
fax: 505-476-3462
E-mail: WPRICE@state.nm.us

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Gilbert J. Van Deventer, PG, NMCS, REM

gil@trident-environmental.com

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Office: 432-682-0808, Fax/Home: 432-682-0727, Mobile: 432-638-3106

Website Address: www.trident-environmental.com

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12/8/2004

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Santa Fe, NM 87505
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This email has been scanned by the MessageLabs Email Security System.
For more information please visit <http://www.messagelabs.com/email>

Surfer allows for a general nested variogram model incorporating three components. Because of this there are more than five hundred possible combinations of variogram models. Each of the three components can be selected from seven common variogram functions: Spherical, Exponential, Linear, Gaussian, Hole-Effect, Quadratic, and Rational Quadratic. Each of the components allow for independent specification of the anisotropy.

Computing an experimental variogram from your data is the only certain way to determine which variogram model you should use. A detailed variogram analysis can offer insights into the data that would not otherwise be available, and it allows for an objective assessment of the variogram scale and anisotropy. There are lengthy chapters in many geostatistics textbooks discussing the tools and techniques necessary to generate a variogram (e.g. Isaaks and Srivastava, 1989).

When in doubt, you should use the Linear variogram model with the default Scale (C) and Length (A) parameters.

With the exception of the Linear variogram model (which does not have a sill), the Scale parameters (denoted by C in the variogram equations) define the sill for the variogram components you select. Thus, the sill of the variogram model equals the Nugget Effect plus the sum of the components Scale (C) parameters. In most situations, the variogram model sill is approximately equal to the variance of the observed data.

The Length (A) parameters define how rapidly the variogram components change with increasing separation distance. The Length (A) parameter for a variogram component is used to scale the physical separation distance. For the Spherical and Quadratic variogram functions, the Length (A) parameter is also known as the variogram range.

With a Linear variogram model, the slope is given by the Scale/Radius. By allowing an anisotropic radius, it is possible to specify an anisotropic linear variogram slope.

Drift Type

When the data points are evenly dispersed within the area of interest, the Drift Type option has little effect on the generated grid. The Drift Type option will have a significant effect during gridding when interpolating across large holes in the data distribution pattern, and when extrapolating beyond the limits of the data.

Three drift options are available in Surfer: No Drift, Linear Drift, and Quadratic Drift. When in doubt, it is best to use the No Drift option, meaning that the interpolation uses "Ordinary Kriging". No Drift is appropriate when your data is evenly dispersed.

The Linear Drift and Quadratic Drift options are used to implement "Universal Kriging". The use of linear or quadratic drift should be based upon knowledge of an underlying trend of the data. If the data tends to vary around a linear trend, then the Linear Drift option is most appropriate. If the data tends to vary around a quadratic trend (e.g. a parabolic bowl), then the Quadratic Drift option is most appropriate.

When using Surfer to create groundwater gradient maps I select Kriging as the Gridding Method. Below is the how to explanations of the methods used from the Surfer help manual.

- * In the Variogram Model group you can specify up to three nested variograms, and the Scale (C) and Length (A) parameters to use for each. If you do not know which variogram type to select, Linear works well in most cases. If you want to be more precise with the variogram type you should generate a variogram based on your data and compare the generated variogram with models of the different type

The Scale (C) parameter controls the vertical scale for the variogram. The variogram sill is defined as the Scale plus the Nugget Effect. You can refer to the Surfer Users Guide for more information.

You can also define anisotropy for each variogram you specify. Click the Anisotropy button and the Variogram Anisotropy dialog box is displayed. Specify the Ratio and Angle values, and the graphic image indicates the anisotropy ellipse to be applied. Click OK to return to the Kriging Options dialog box.

- * The Drift Type group box allows you to select the type of drift model to apply during the Kriging operation. You can select from three models.

The No Drift selection invokes Ordinary Kriging and is appropriate for Kriging of data sets with a uniformly dense distribution.

The Linear Drift and Quadratic Drift selections are most effective on data sets where large holes exist between data points, or where you are extrapolating beyond the limits of your input data.

Kriging

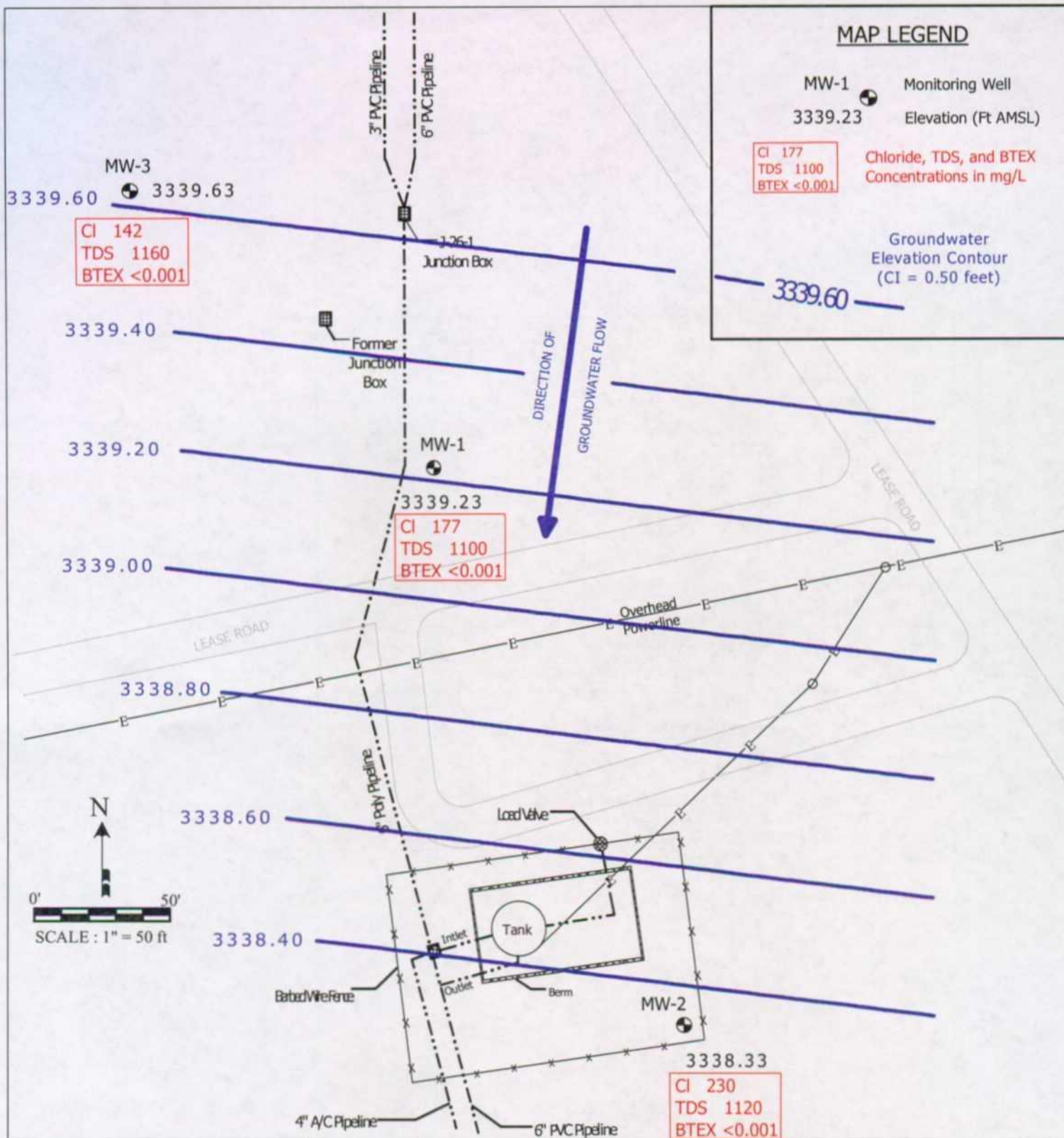
Kriging is a geostatistical gridding method that has proven useful and popular in many fields. This method produces visually appealing contour and surface plots from irregularly spaced data. Kriging attempts to express trends that are suggested in your data, so that, for example, high points might be connected along a ridge, rather than isolated by bull's-eye type contours.

Kriging is a very flexible gridding method. It can be custom fit to a data set by specifying the appropriate variogram model. Within Surfer, Kriging can be either an exact interpolator or a smoothing interpolator depending on the user specified parameters. It incorporates anisotropy and underlying trends in an efficient and natural manner.

There are three factors that are uniquely incorporated in the Kriging method: Variogram Model, the Drift Type and the Nugget Effect. These factors can all be controlled from the Kriging Options dialog box.

Variogram Model

The variogram model mathematically specifies the spatial variability of the data set and the resulting grid. The interpolation weights, which are applied to data points during the grid node calculations, are direct functions of the variogram model.



Client: Rice Operating Company

Sampling Date: November 9, 2004

Author: GJV

File: Projects/Rice/BD/J-26/J26SiteMap

FIGURE 1

BLINEBRY-DRINKARD SYSTEM

J-26 SITE MAP

Table 1
Summary of Groundwater Sampling Results
BD J-26 Junction Box

Monitoring	Sample	Chloride	TDS	Benzene	Toluene	Ethylbenzene	Xylene	Depth to	Groundwater
MW-1	10/29/02	4520	9020	< 0.001	< 0.001	< 0.001	< 0.001	43.02	3332.82
	02/28/03	3470	6870	< 0.001	< 0.001	< 0.001	< 0.001	42.33	3333.51
	06/05/03	1460	3280	< 0.001	< 0.001	< 0.001	< 0.001	43.00	3332.84
	08/22/03	957	2620	< 0.001	< 0.001	< 0.001	< 0.001	43.72	3332.12
	10/30/03	620	2040	< 0.001	< 0.001	< 0.001	< 0.001	43.91	3331.93
	02/18/04	478	1630	< 0.001	< 0.001	< 0.001	< 0.001	43.70	3332.14
	05/05/04	390	1440	< 0.001	< 0.001	< 0.001	< 0.001	40.80	3335.04
	07/08/04	230	1140	< 0.001	< 0.001	< 0.001	< 0.001	40.80	3335.04
	08/10/04	195	1080	< 0.001	< 0.001	< 0.001	< 0.001	37.02	3338.82
	11/09/04	177	1100	< 0.001	< 0.001	< 0.001	< 0.001	36.61	3339.23
MW-2	08/22/03	239	1180	< 0.001	< 0.001	< 0.001	< 0.001	43.99	3331.33
	10/30/03	239	1240	< 0.001	< 0.001	< 0.001	< 0.001	44.17	3331.15
	02/18/04	221	1150	< 0.001	0.001	< 0.001	< 0.001	43.91	3331.41
	05/05/04	204	1060	< 0.001	0.001	< 0.001	< 0.001	40.98	3334.34
	08/10/04	230	1120	< 0.001	< 0.001	< 0.001	< 0.001	37.14	3338.18
	11/09/04	230	1120	< 0.001	< 0.001	< 0.001	< 0.001	36.99	3338.33
MW-3	08/22/03	160	904	< 0.001	< 0.001	< 0.001	< 0.001	43.06	3332.79
	10/30/03	168	1070	< 0.001	< 0.001	< 0.001	< 0.001	43.28	3332.57
	02/18/04	160	862	< 0.001	< 0.001	< 0.001	< 0.001	43.03	3332.82
	05/05/04	160	891	< 0.001	< 0.001	< 0.001	< 0.001	40.04	3335.81
	08/10/04	164	941	< 0.001	< 0.001	< 0.001	< 0.001	36.55	3339.30
	11/09/04	142	1160	< 0.001	< 0.001	< 0.001	< 0.001	36.22	3339.63
Windmill	03/19/04	620	1730	---	---	---	---	42.04	3326.66
	05/14/04	195	736	---	---	---	---	36.33	3332.37
	08/10/04	709	1850	---	---	---	---	32.45	3336.25
	11/09/04	727	1910	---	---	---	---	31.94	3336.76
WQCC Standards		250	1000	0.01	0.75	0.75	0.62		

Total Dissolved Solids (TDS), chloride, and BTEX concentrations listed in milligrams per liter (mg/L)

Analyses performed by Cardinal Labs, Hobbs, NM (1995-1998) and Environmental Lab of Texas, Odessa, TX (1999-2003).

Values in boldface type indicate concentrations exceed New Mexico Water Quality Commission (WQCC) standards.

AMSL - Above Mean Sea Level; BTOC - Below Top of Casing

Elevations and state plane coordinates surveyed by Basin Surveys, Hobbs, NM.

Figure 2
Chloride, TDS, and Groundwater Elevation Values Versus Time Graph (MW-1)

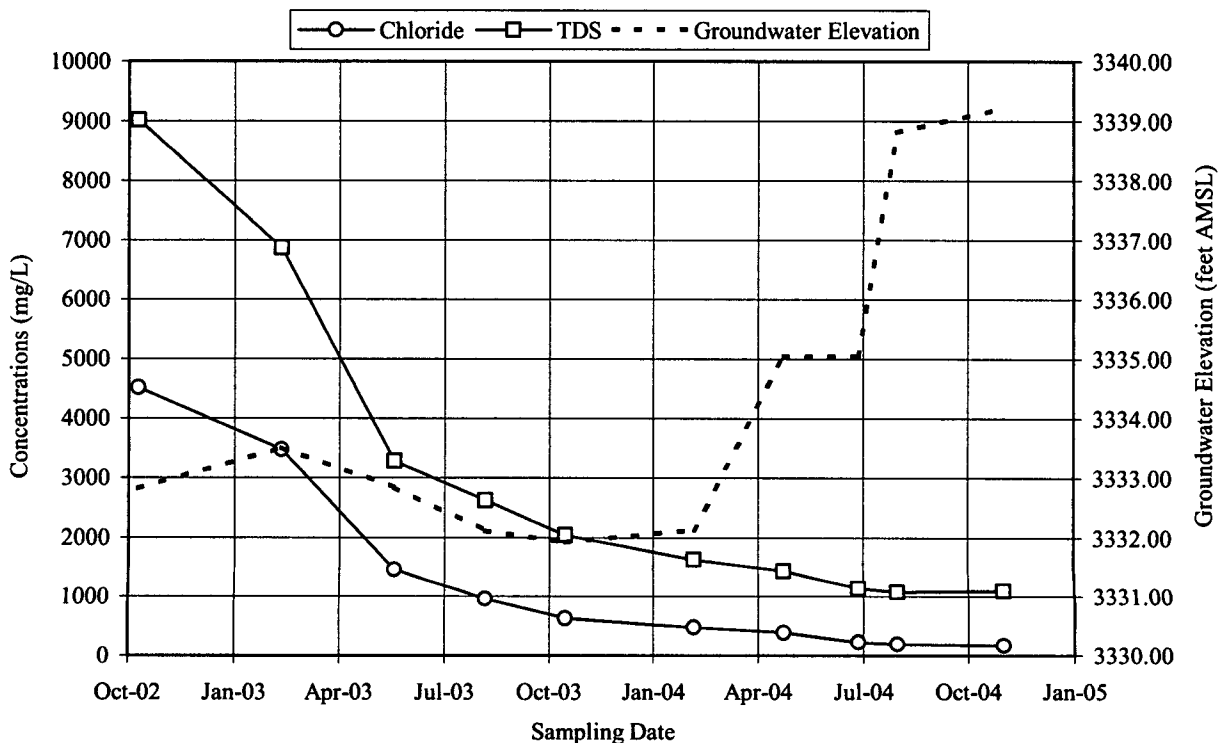


Figure 3
Chloride Concentrations Versus Time Graph

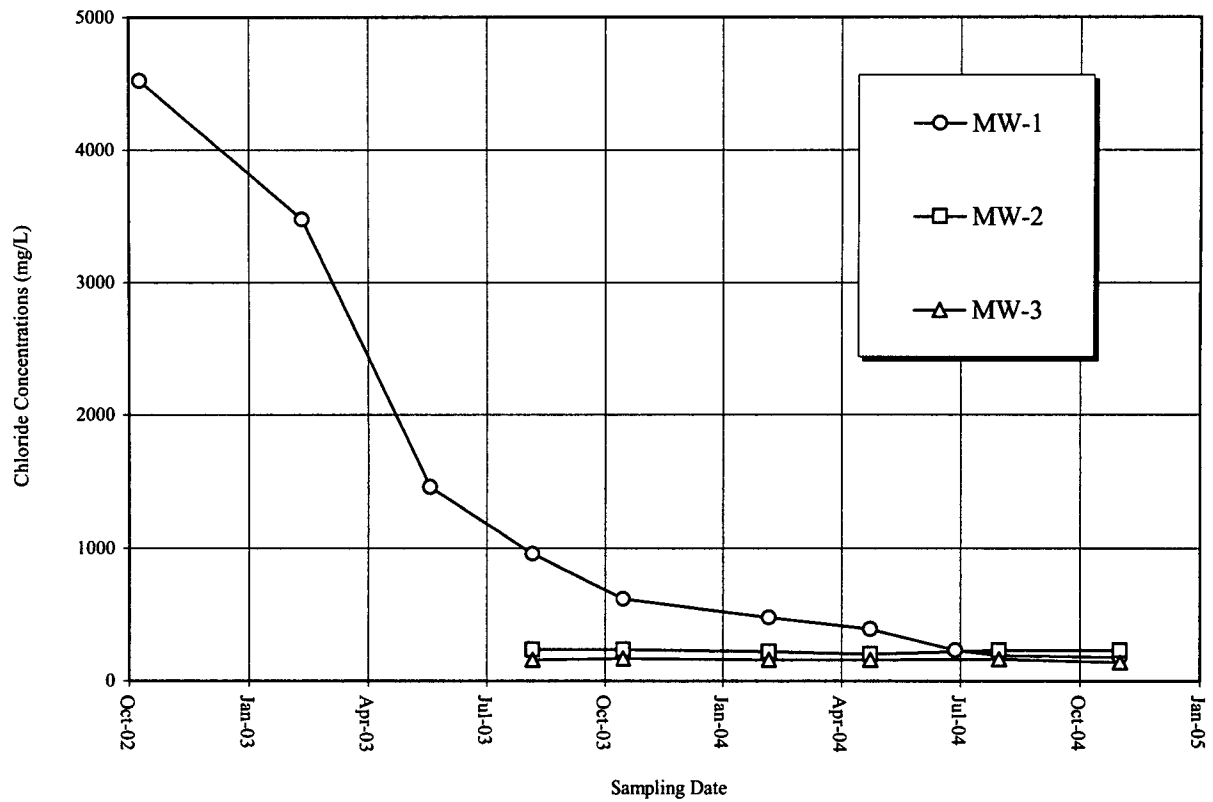
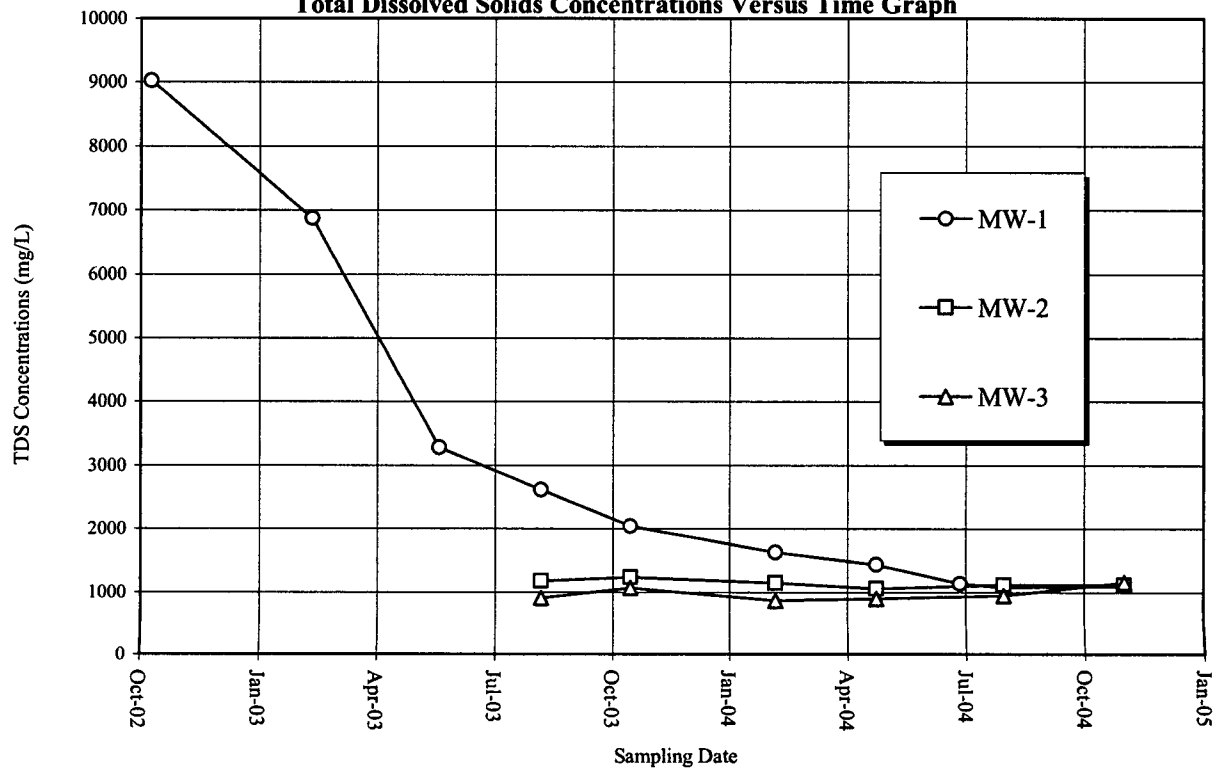


Figure 4
Total Dissolved Solids Concentrations Versus Time Graph



Price, Wayne

From: Price, Wayne
Sent: Wednesday, December 08, 2004 1:47 PM
To: Carolyn Doran Haynes (E-mail); Kristin Farris Pope (E-mail)
Cc: Gil Van Deventer (E-mail)
Subject: BD J-26 site

Dear Ms. Haynes:

Trident Environmental on behalf of Rice Operating Company (ROC) submitted a groundwater investigation plan dated June 20, 2003. OCD approved of the plan on June 27, 2003. As of this date OCD has not received the comprehensive report with findings nor recommendations. Please provide this report **no later than February 01, 2005.** The report should include all of the reporting requirements as spelled out in the plan. In addition, please have your consultant provide detail information on how the groundwater gradient map is constructed, including calculations.

OCD is in receipt of ROC annual monitoring reports. The reports indicate groundwater has been impacted by ROC operations, so therefore please include a remediation plan to address removing the groundwater contamination.

Sincerely:

Wayne Price
New Mexico Oil Conservation Division
1220 S. Saint Francis Drive
Santa Fe, NM 87505
505-476-3487
fax: 505-476-3462
E-mail: WPRICE@state.nm.us

RECEIVED

JUN 26 2003

Oil Conservation Division



June 20, 2003

Mr. Wayne Price
Environmental Bureau
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

RE: Work Plan for Blinebry-Drinkard J-26 Junction Box Site
T21S, R37E, SEC 26, Unit Letter J
Lea County, New Mexico

Dear Mr. Price:

Trident Environmental has been retained by Rice Operating Company (Rice) to develop and submit this work plan for further actions regarding the chloride and total dissolved solids (TDS) -impacted groundwater at the Blinebry-Drinkard J-26 junction box site. NMOCD approval of this work plan will be necessary so that Rice can obtain an authorization for expenditure (AFE) from their system partners prior to initiating the activities specified herein.

Although the concentrations of chloride (4,520 mg/L) and TDS (9,020 mg/L) are above the New Mexico Water Quality Control Commission (WQCC) standards of 250 mg/L and 1,000 mg/L, respectfully, significant remediation work has already been completed by Rice (excavation to 42 feet below land surface and placement of clay liners at 5 feet at 27 feet). In fact, chloride and TDS concentrations have already decreased significantly since completion of the remediation work. With that in mind, Trident recommends the actions described below be taken.

Potential Receptors

No residence or manned facilities are located within one half mile of the site. Numerous oil and gas operations are in the site area including an active tank battery and oil well located approximately 200 feet east and 400 feet east-northeast of the site, respectively. Based on a review of water well records listed on the New Mexico State Engineer Office and United States Geological Survey (USGS) websites, windmills marked on the USGS Hobbs SW topographic map, there are no water supply wells located within 1,000 feet of the site.

Installation of Groundwater Monitoring Wells

One monitoring well (MW-1) was installed directly within the former source area on October 10, 2002, and sampled on a quarterly basis for major ions (chloride, sulfate, bicarbonate, carbonate, calcium, magnesium, sodium, potassium), total dissolved solids (TDS), and benzene, toluene, ethylbenzene, and xylenes (BTEX). A summary of pertinent analytical results is listed in the following table.

Summary of Groundwater Analytical Results for MW-1

Date Sampled	Depth to Groundwater (feet)	Chloride (mg/L)	TDS (mg/L)	BTEX (mg/L)
10/29/02	43.02	4,520	9,020	< 0.001
02/28/02	42.33	3,470	6,870	< 0.001

Based on the chloride and TDS concentrations observed in MW-1, Trident recommends the installation of additional monitoring wells to delineate the horizontal extent of the chloride/TDS plume and determine the magnitude and direction of the groundwater gradient. The suspected direction of groundwater flow is to the southeast, therefore Trident recommends installation of the additional monitoring wells at the locations listed below.

- MW-2 approximately 220 ft. southeast of MW-1 in the presumed down gradient direction.
- MW-3 approximately 150 ft. west-northwest of MW-1 in the presumed upgradient direction
- MW-4 approximately 100 - 200 ft. down gradient from MW2 *only if* MW2 indicates groundwater is impacted with greater than 250 mg/l chlorides or 1,000 mg/l TDS

A site map showing the proposed monitoring well locations is included in Attachment A. During drilling operations, soil samples will be collected periodically (five feet intervals) and field-tested for chloride content using the titration method (QP-03 in Attachment B). Monitoring wells will be completed as described in the well construction diagram in Attachment B.

Monitoring Well Sampling Procedures

Prior to sampling, the monitoring will be gauged for depth to groundwater using an electronic water level indicator. Immediately prior to collecting groundwater samples, each monitoring well will be purged of a minimum of three well casing volumes of water using a new, clean, decontaminated disposable bailer. Water samples will be collected with the disposable bailer and transferred into appropriately preserved containers for analysis of major ions, TDS, and BTEX. Chain-of-custody (COC) forms documenting sample identification numbers, collection times, and delivery times to the laboratories will be completed for each set of samples. The water samples will be placed in an ice-filled cooler immediately after collection and transported to Environmental Lab of Texas in Odessa, Texas, or other approved laboratory, for analysis of the aforementioned constituents. Purging and water sampling procedures are described in further detail in Attachment B (QP-04 and QP-05).

Fate and Transport Modeling

If chloride concentrations in upgradient areas indicate that past operations at the BD J-26 site have impaired groundwater quality to levels above background levels, then fate and transport modeling is appropriate. The data obtained from the on site monitoring wells with other site specific information will be input into a fate and transport model such as WinTran (Version 1.3) to determine if the chloride/TDS plume will eventually attenuate by dispersion and dilution to levels below WQCC standards without risk to the human health and the environment.

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- A lithologic description and well completion diagram of the subsurface soils encountered, conditions observed, and construction details of each monitoring well.
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- Maps displaying the modeled fate and transport of the chloride/TDS plume with respect to time.
- Identification of potential receptors
- Recommended further actions.

The proposed activities will be performed in accordance with NMOCD "*Guidelines for Remediation of Leaks, Spills, and Releases*" (August 13, 1993). Notice will be provided to the NMOCD at least one week prior to each sampling event.

NMOCD approval of this work plan is hereby requested so that Rice can obtain an AFE from their system partners prior to initiating these activities. We appreciate the opportunity to work with you on this project. Please feel free to call me at 432-682-0808, or Carolyn Haynes at 505-393-9174, if you have any questions.

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Gilbert J. Van Deventer, REM, NMCS
Project Manager

cc: Carolyn Haynes (Rice Operating Company – Hobbs, NM)

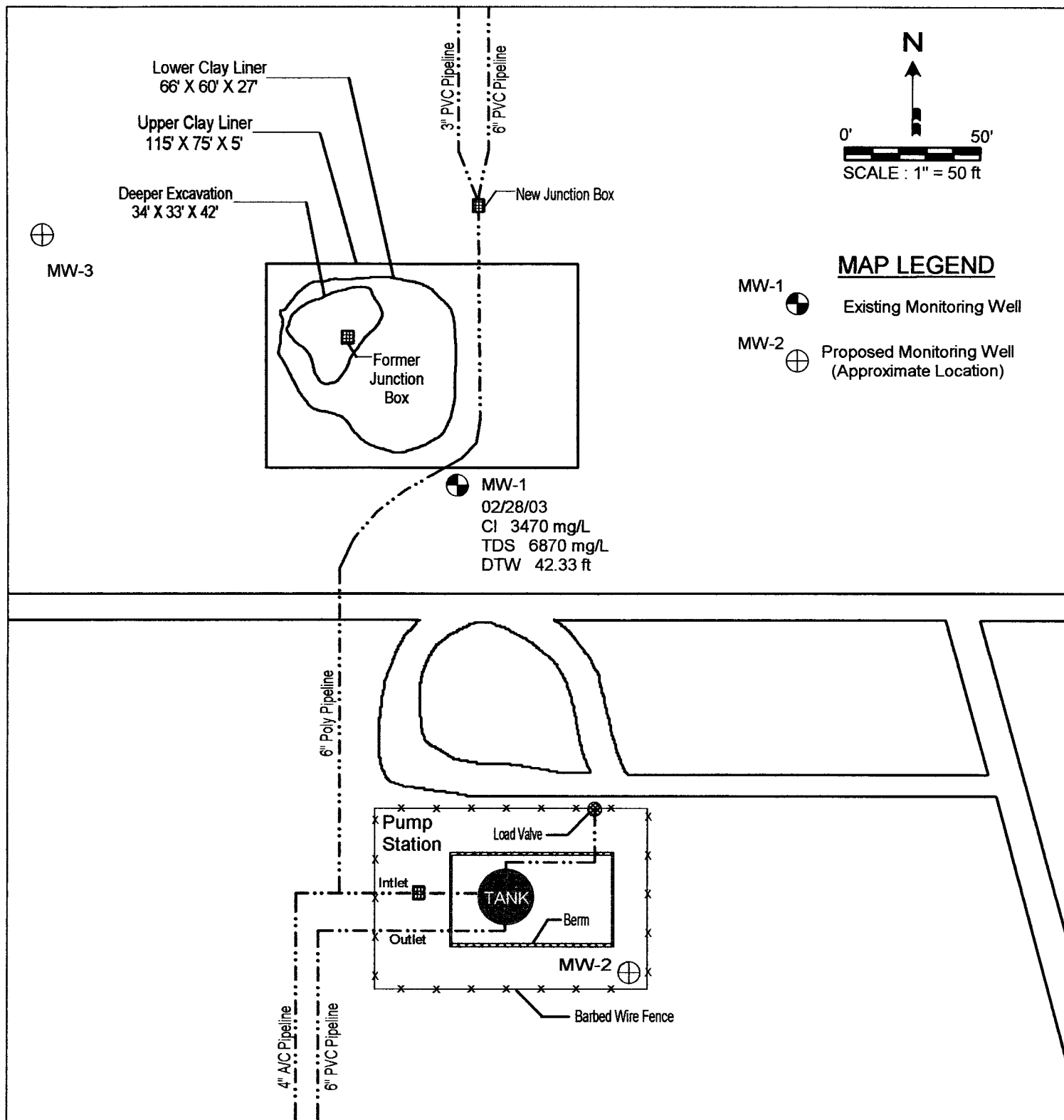
Attachments

ATTACHMENTS

ATTACHMENT A

PROPOSED MONITORING WELL LOCATION MAP

AND TOPOGRAPHIC MAP



Site: Blinebry-Drinkard J-26 Junction Box

Date: May 19, 2003

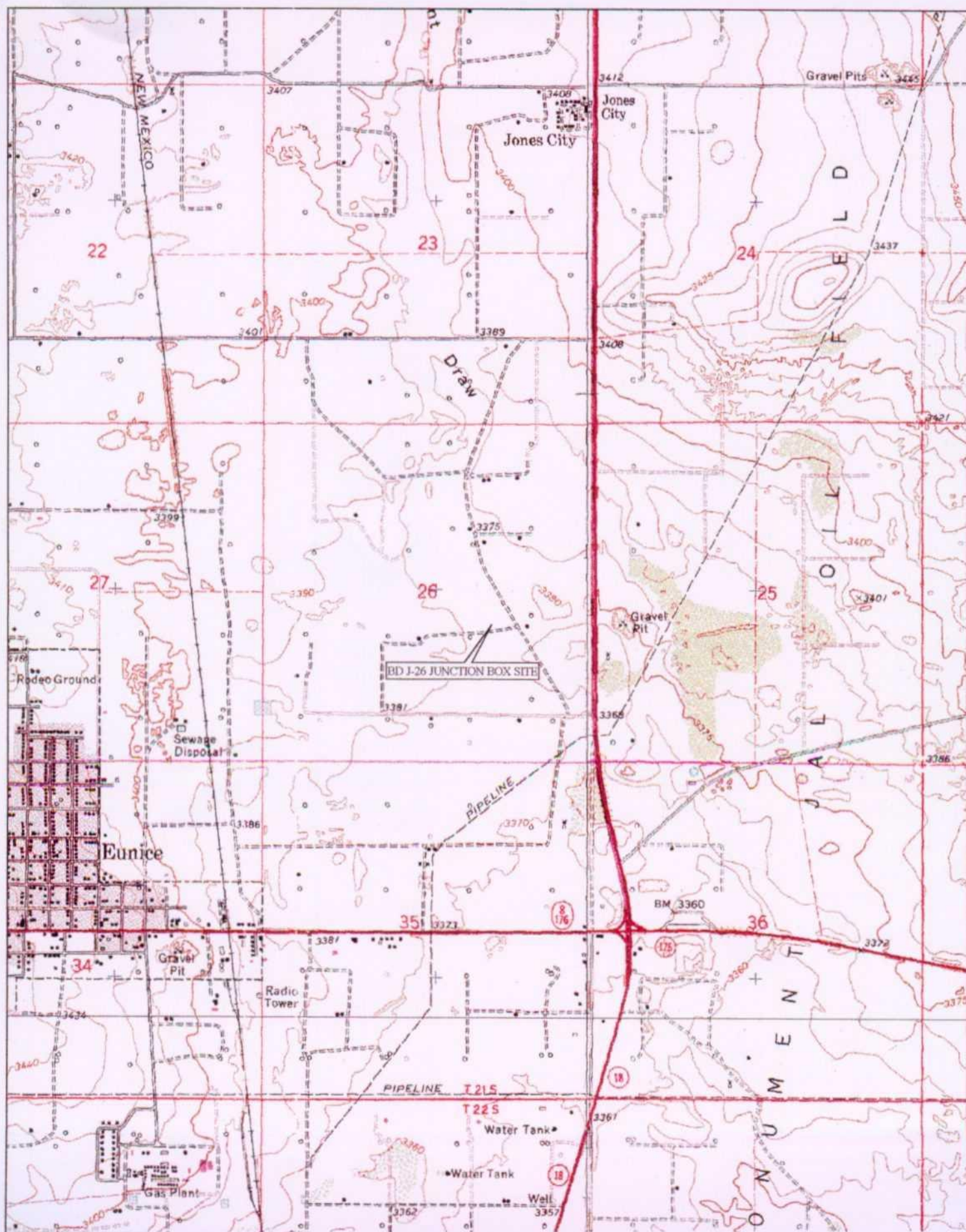
Author: GJV

Checked By: DTL

File: Projects/Rice/BD/J-26/J26SiteMap

SITE MAP

**PROPOSED MONITORING
WELL LOCATIONS**



ATTACHMENT B

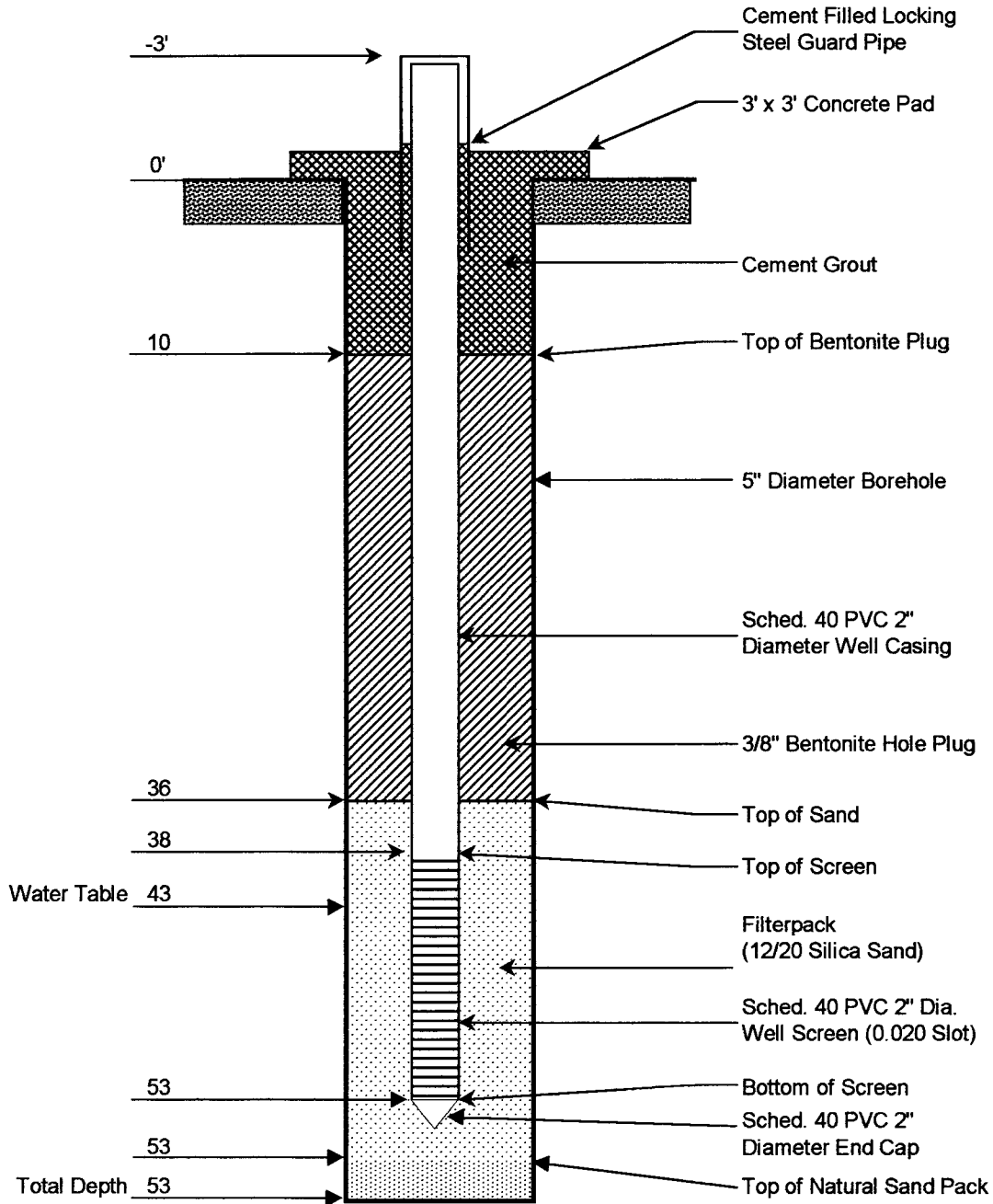
MONITORING WELL CONSTRUCTION DIAGRAM

SAMPLING AND TESTING PROTOCOL FOR CHLORIDE TITRATION

PROCEDURE FOR DEVELOPING CASED WATER MONITORING WELLS

PROCEDURE FOR OBTAINING WATER SAMPLES (CASED WELLS)

MONITORING WELL CONSTRUCTION DIAGRAM



SITE: BD J-26 JUNCTION BOX	
DATE: 03/20/03	REV. NO.: 1
AUTHOR: GJV	DRAWN BY: GJV
CK'D BY: DTL	FILE: Well Bore Diagram

**Monitoring Well
Construction Diagram**

Rice Operating Company

QUALITY PROCEDURE

**Sampling and Testing Protocol
Chloride Titration Using .282 Normal
Silver Nitrate Solution**

1.0 Purpose

This procedure is to be used to determine the concentration of chloride in soil.

2.0 Scope

This procedure is to be used as the standard field measurement for soil chloride concentrations.

3.0 Sample Collection and Preparation

- 3.1 Collect at least 80 grams of soil from the sample collection point. Take care to insure that the sample is representative of the general background to include visible concentrations of hydrocarbons and soil types. If necessary, prepare a composite sample for soils obtained at several points in the sample area. Take care to insure that no loose vegetation, rocks or liquids are included in the sample(s).
- 3.2 The soil sample(s) shall be immediately inserted into a one-quart or larger polyethylene freezer bag. Care should be taken to insure that no cross-contamination occurs between the soil sample and the collection tools or sample processing equipment.
- 3.3 The sealed sample bag should be massaged to break up any clods.

4.0 Sample Preparation

- 4.1 Tare a clean glass vial having a minimum 40 ml capacity. Add at least 10 grams of the soil sample and record the weight.
- 4.2 Add at least 10 grams of reverse osmosis water to the soil sample and shake for 20 seconds.
- 4.3 Allow the sample to set for a period of 5 minutes or until the separation of soil and water.
- 4.4 Carefully pour the free liquid extract from the sample through a paper filter into a clean plastic cup if necessary.

5.0 Titration Procedure

- 5.1 Using a graduated pipette, remove 10 ml extract and dispense into a clean plastic cup.
- 5.2 Add 2-3 drops potassium chromate (K_2CrO_4) to mixture.
- 5.3 If the sample contains any sulfides (hydrogen or iron sulfides are common to oilfield soil samples) add 2-3 drops of hydrogen peroxide (H_2O_2) to mixture.
- 5.4 Using a 1 ml pipette, carefully add .282 normal silver nitrate (one drop at a time) to the sample while constantly agitating it. Stop adding silver nitrate when the solution begins to change from yellow to red. Be consistent with endpoint recognition.
- 5.5 Record the ml of silver nitrate used.

6.0 Calculation

To obtain the chloride concentration, insert measured data into the following formula:

$$\frac{.282 \times 35,450 \times \text{ml AgNO}_3}{\text{ml water extract}} \times \frac{\text{grams of water in mixture}}{\text{grams of soil in mixture}}$$

Using Step 5.0, determine the chloride concentration of the RO water used to mix with the soil sample. Record this concentration and subtract it from the formula results to find the net chloride in the soil sample.

Record all results on the delineation form.

Rice Operating Company

Quality Procedure

Procedure for Developing Cased Water Monitoring Wells

1.0 Purpose

This procedure outlines the methods to be employed to develop cased monitoring wells.

2.0 Scope

This procedure shall be used for developed, cased water monitoring wells. It is not to be used for standing water samples such as ponds or streams.

3.0 Sample Collection and Preparation

- 3.1 Prior to development, the static water level and height of the water column within the well casing will be measured with the use of an electric D.C. probe or a steel engineer's tape and water sensitive paste.
- 3.2 All measurements will be recorded within a field log notebook.
- 3.3 All equipment used to measure the static water level will be decontaminated after each use by means of Liquinox, a phosphate free laboratory detergent, and water to reduce the possibility of cross-contamination. The volume of water in each well casing will be calculated.

4.0 Purging

- 4.1 Wells will be purged by using a 2" decontaminated submersible pump or dedicated one liter Teflon bailer. Wells should be purged until the pH and conductivity are stabilized and the turbidity has been reduced to the greatest extent possible.
- 4.2 If a submersible is used the pump will be decontaminated prior to use by scrubbing the outside surface of tubing and wiring with a Liquinox water mixture, pumping a Liquinox-water mixture through the pump, and a final flush with fresh water.

5.0 Water Disposal

- 5.1 All purge and decontamination water will be temporarily stored within a portable tank to be later disposed of in an appropriate manner.

6.0 Records

- 6.1 Rice Operating Company will record the amount of water removed from the well during development procedures. The purge volume will be reported to the appropriate regulatory authority when filing the closure report.

Rice Operating Company

Quality Procedure

Procedure for Obtaining Water Samples (Cased Wells) Using One Liter Bailer

1.0 Purpose

This procedure outlines the methods to be employed in obtaining water samples from cased monitoring wells.

2.0 Scope

This procedure shall be used for developed, cased water monitoring wells. It is not to be used for standing water samples such as ponds or streams.

3.0 Preliminary

3.1 Obtain sterile sampling containers from the testing laboratory designated to conduct analyses of the water. The shipment should include a Certificate of Compliance from the manufacturer of the collection bottle or vial and a Serial Number for the lot of containers. Retain this Certificate for future documentation purposes.

3.2 The following table shall be used to select the appropriate sampling container, preservative method and holding times for the various elements and compounds to be analyzed.

Compound to be Analyzed	Sample Container Size	Sample Container Description	Cap Requirements	Preservative	Maximum Hold Time
BTEX	40 ml	VOA Container	Teflon Lined	HCl	7 days
TPH	1 liter	clear glass	Teflon Lined	HCl	28 days
PAH	1 liter	amber glass	Teflon Lined	Ice	7 days
Cation/Anion	1 liter	clear glass	Teflon Lined	None	48 Hrs
Metals	1 liter	HD polyethylene	Any Plastic	Ice/HNO ₃	28 Days
TDS	300 ml	clear glass	Any Plastic	Ice	7 Days

4.0 Chain of Custody

- 4.1 Prepare a Sample Plan. The plan will list the well identification and the individual tests to be performed at that location. The sampler will check the list against the available inventory of appropriate sample collection bottles to insure against shortage.
- 4.2 Transfer the data to the Laboratory Chain of Custody Form. Complete all sections of the form except those that relate to the time of delivery of the samples to the laboratory.
- 4.3 Pre-label the sample collection jars. Include all requested information except time of collection. (Use a fine point Sharpie to insure that the ink remains on the label). Affix the labels to the jars.

5.0 Bailing Procedure

- 5.1 Identify the well from the sites schematics. Place pre-labeled jar(s) next to the well. Remove the plastic cap from the well bore by first lifting the metal lever and then unscrewing the entire assembly.
- 5.2 Using a dedicated one liter Teflon bailer, purge a minimum of three well volumes. Place the water in storage container for transport to a ROC disposal facility.
- 5.3 Take care to insure that the bailing device and string do not become cross-contaminated. A clean pair of rubber gloves should be used when handling either the retrieval string or bailer. The retrieval string should not be allowed to come into contact with the ground.

6.0 Sampling Procedure

- 6.1 Once the well has been bailed in accordance with 5.2 of this procedure, a sample may be decanted into the appropriate sample collection jar directly from the bailer. The collection jar should be filled to the brim. Once the jar is sealed, turn the jar over to detect any bubbles that may be present. Add additional water to remove all bubbles from the sample container.
- 6.2 Note the time of collection on the sample jar with a fine Sharpie.

6.3 Place the sample directly on ice for transport to the laboratory. The preceding table shows the maximum hold times between collection and testing for the various analyses.

6.4 Complete the Chain of Custody form to include the collection times for each sample. Deliver all samples to the laboratory.

7.0 Documentation

7.1 The testing laboratory shall provide the following minimum information:

- A. Project and sample name.
- B. Signed copy of the original Chain of Custody Form including the time the sample was received by the lab.
- C. Results of the requested analyses
- D. Test Methods employed
- E. Quality Control methods and results

Calculation for Determining the Minimum Bailing Volume for Monitor Wells

$$\text{Formula } V = (\pi r^2 h)$$

$$2'' \text{ well } [V/2.31 = \text{gal}] \times 3 = \text{Purge Volume}$$

V=Volume

$\pi = \text{pi}$

r=inside radius of the well bore

h=maximum height of well bore in water table

Example:

π	r^2	h(in)	V(cu.in)	V(gal)	X 3 Volumes	Actual
3.1416	1	180	565.488	2.448	7.34 gal	>10 gal