

AP - 47

**GENERAL
CORRESPONDENCE**

**DATE:
2010 - 2007**



Highlander Environmental Corp.

Midland, Texas

AP-47
Gen Cor.

2010-2007

CERTIFIED MAIL
RETURN RECEIPT NO.

RECEIVED

JAN 18 2007
Environmental Bureau
Oil Conservation Division

December 27, 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: Response to NMOCD Request for Supplemental Data for Report "Stage 1 Abatement Plan Implementation and Request for Release From Rule 19, at the Blinebry Drinkard (BD) SWD System Junction Box F-17, Unit F, Section 17, T-21-S, R-37-E, Lea County, New Mexico, NMOCD CASE #1R0426-14 (AP-47)" Dated August 10, 2006.

Mr. Price:

The New Mexico Oil Conservation Division Responded to the above-mentioned report on September 27, 2006, in an email memorandum. In that memorandum, the NMOCD stated that they required some additional data in order to continue evaluation of the request for Release from Rule 19. Specifically, NMOCD requested the following information:

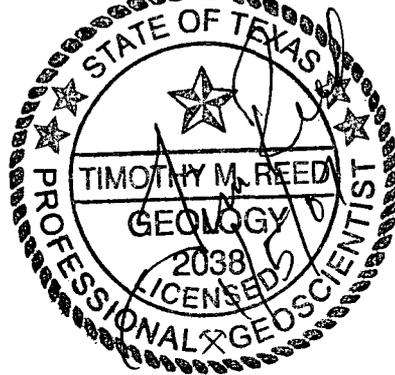
1. An area map showing surrounding water wells, monitoring wells and any other sites that may have an impact on this site.
2. ROC should demonstrate that the groundwater gradient is accurate.

A regional map, showing the site location, in reference to surrounding towns is included as Figure 1. An area map showing surrounding water wells, monitoring wells and other sites which may have an impact on the site is included as Figure 2.

In order to show the regional hydraulic gradient, the site was located on an excerpt of Plate 2, Ground-Water Map of Southern Lea County, New Mexico, from Ground-Water Report 6, "Geology and Ground-Water Conditions of Southern Lea County, New Mexico", from the

State Bureau of Mines and Mineral Resources. The excerpt with the F-17 site located is included as Figure 3. As shown on Figure 3, the hydraulic gradient in this area matches the direction shown on the Groundwater Map (Figure 3) of the August 10, 2006 report. A copy of this figure is included as Figure 4.

If you have any questions or require any additional information, please advise.



Respectfully submitted,
Highlander Environmental Corp.

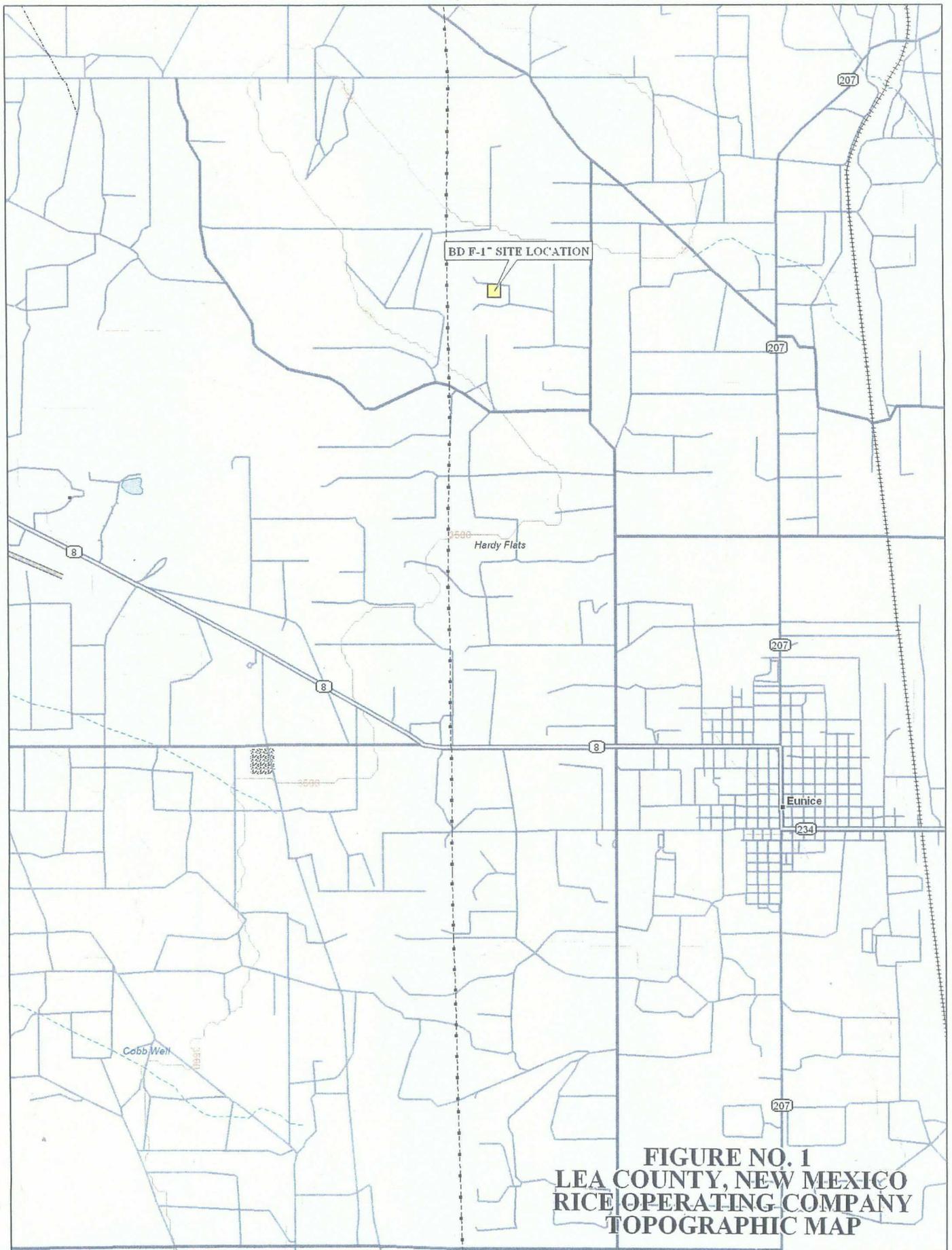
A handwritten signature in cursive script that reads "Tim Reed".

Timothy M. Reed, P.G.
Vice President

cc: ROC, Edward Hansen – NMOCD, Daniel Sanchez-NMOCD
enclosures: figures



FIGURES



**FIGURE NO. 1
LEA COUNTY, NEW MEXICO
RICE OPERATING COMPANY
TOPOGRAPHIC MAP**



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www.delorme.com

Scale 1 : 50,000
1" = 4170 ft



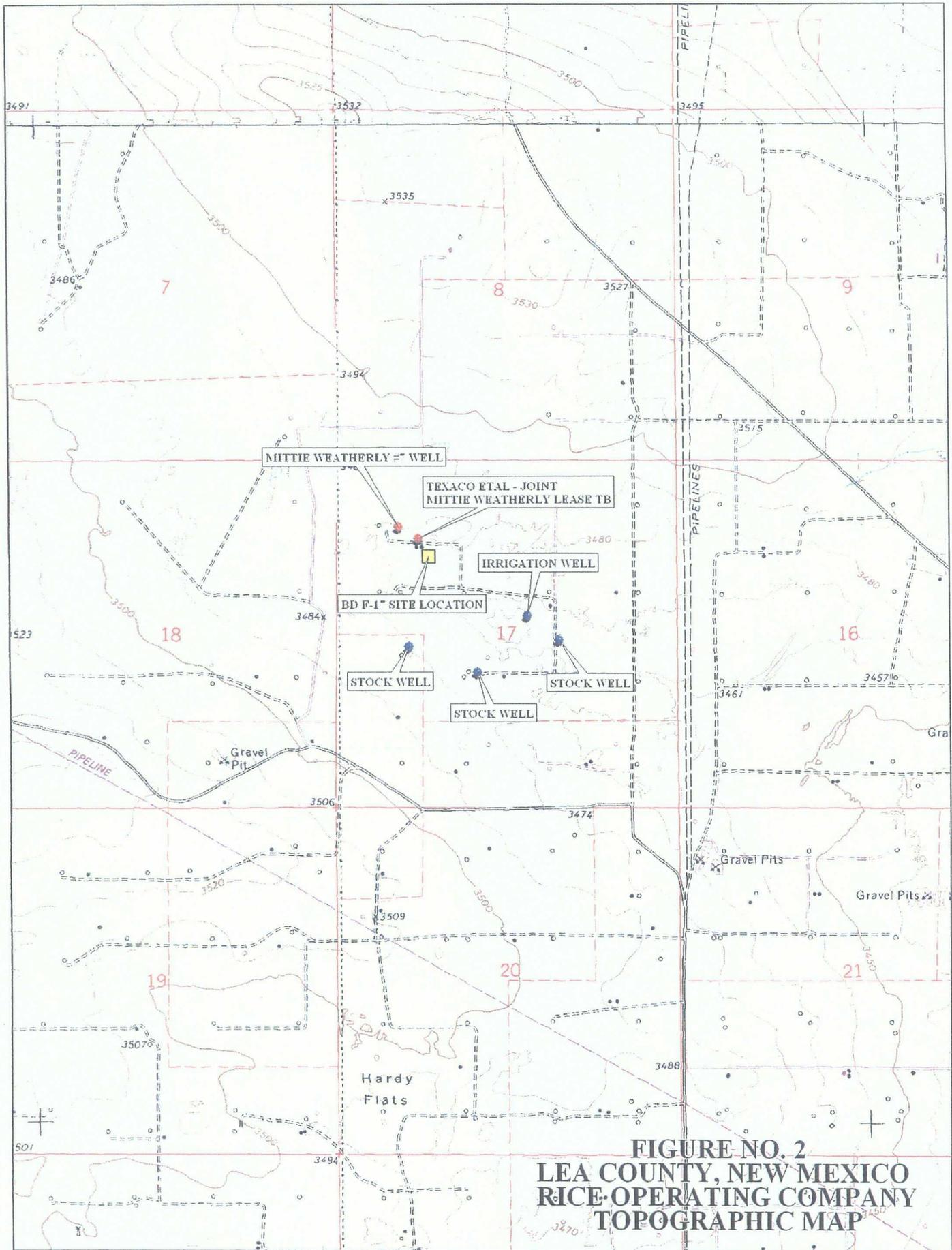
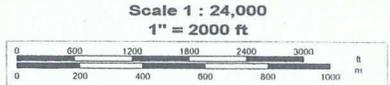
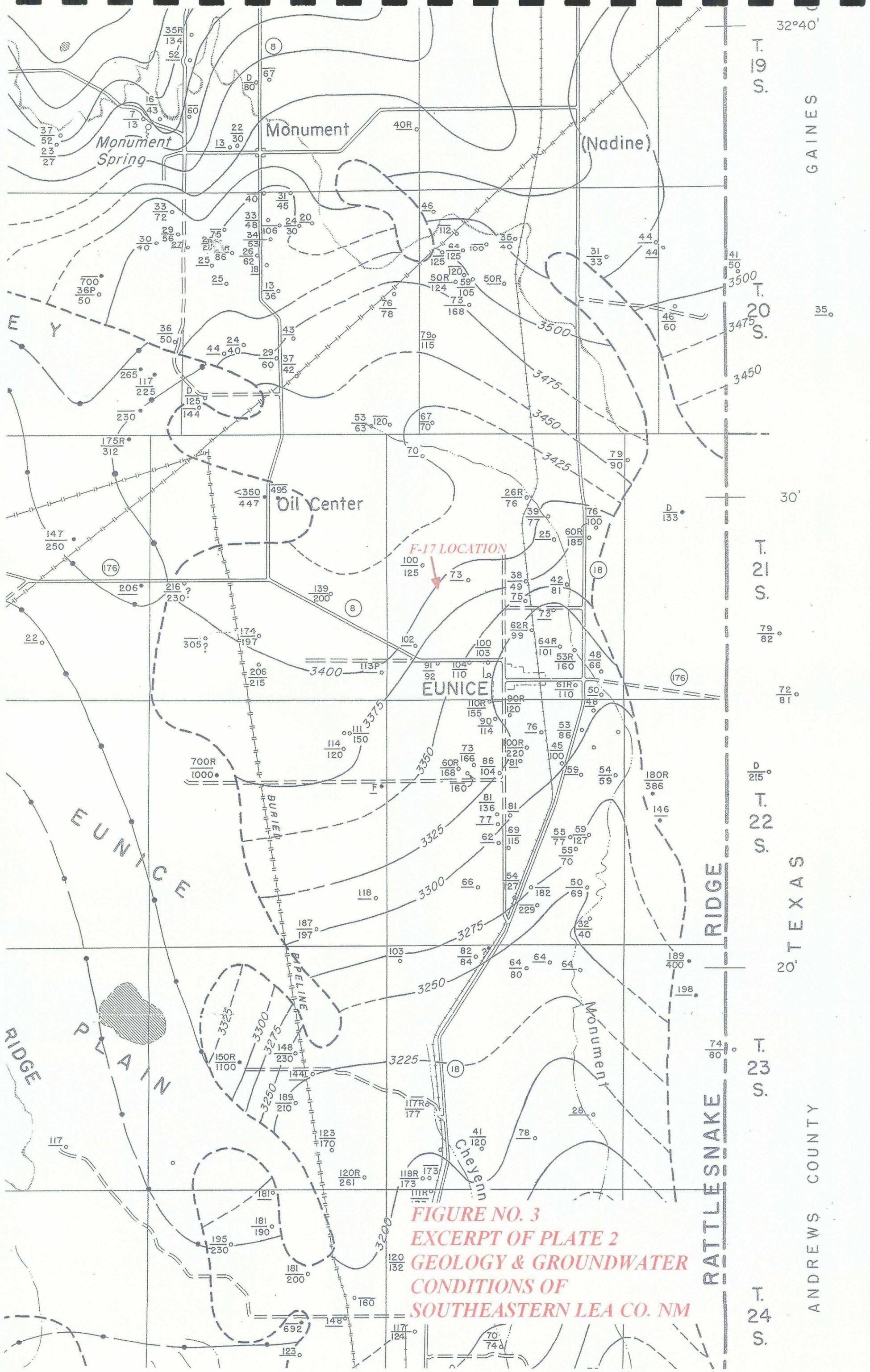


FIGURE NO. 2
LEA COUNTY, NEW MEXICO
RICE OPERATING COMPANY
TOPOGRAPHIC MAP



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www.delorme.com





**FIGURE NO. 3
EXCERPT OF PLATE 2
GEOLOGY & GROUNDWATER
CONDITIONS OF
SOUTHEASTERN LEA CO. NM**

32°40'
T. 19 S.
GAINES
T. 20 S.
35.
30'
T. 21 S.
79° 82'
72° 81'
D. 215°
T. 22 S.
20° TEXAS
T. 23 S.
T. 24 S.
ANDREWS COUNTY



CHEVRON
TANK BATTERY

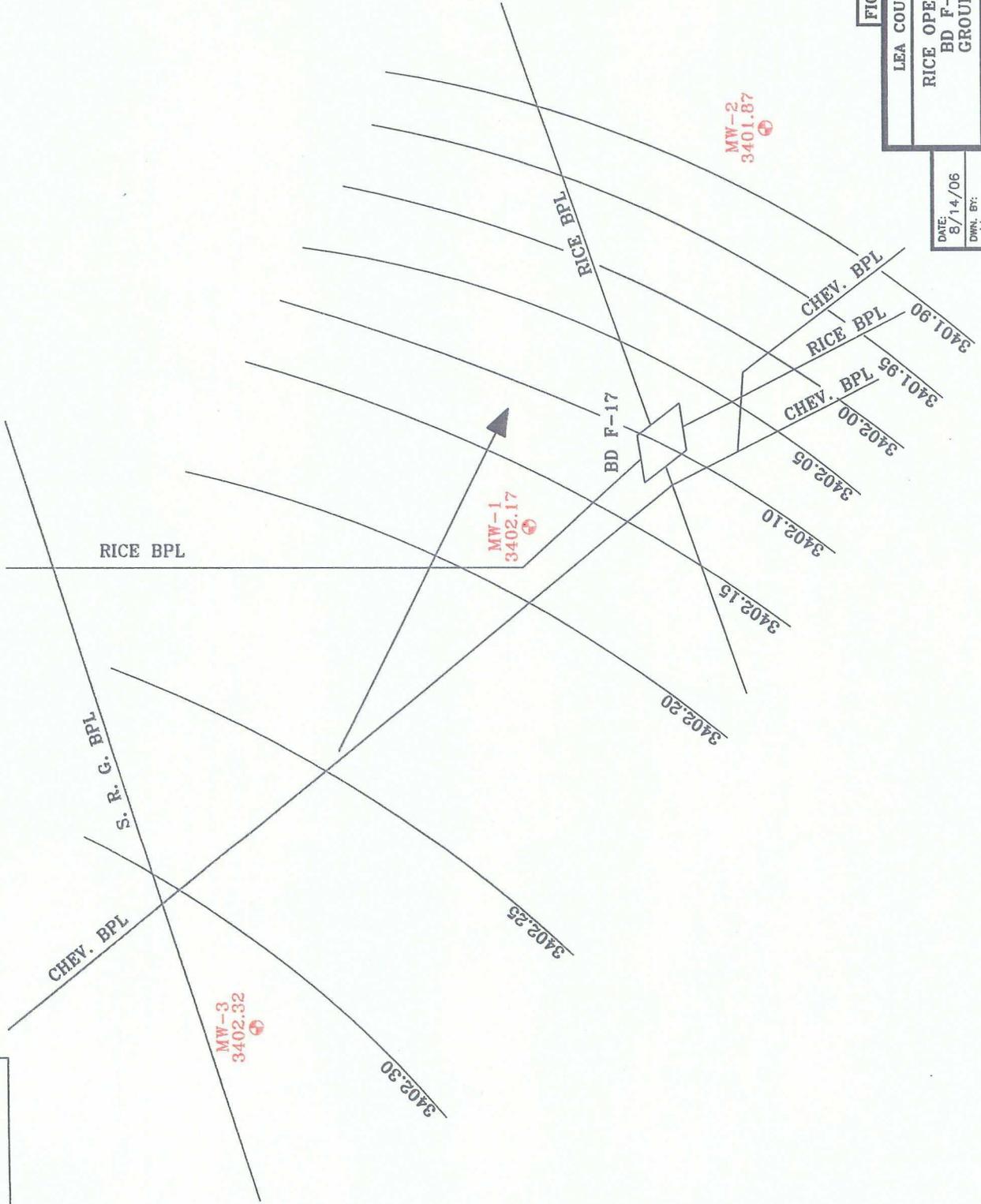


FIGURE NO. 4

LEA COUNTY, NEW MEXICO
 RICE OPERATING COMPANY
 BD F-17 JUNCTION
 GROUNDWATER MAP
 HIGHLANDER ENVIRONMENTAL CORP.
 MIDLAND, TEXAS

DATE: 8/14/06
 DWN. BY: JJ
 FILE: c:\rict\3305 GROUNDWATER MAP

NOT TO SCALE

MONITOR WELL LOCATIONS

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 7692

January 25, 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. F-17
PUBLIC NOTIFICATION
NMOCD CASE #AP-47

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 Highlander Environmental Corp. for the F-17 Junction Box Site.

Notices were sent via certified mail to landowners within the prescribed radius and return receipts were received for all landowners, indicating that the mailing was received. 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. One mail delivery could not be confirmed so the document was sent via electronic mail (e-mail) to the address provided on the List. Forty-seven total notifications were sent and four were not able to be delivered. The notification to Mike Schultz of the International Technology Corp. (from the OCD Interested Parties list) was return as "attempted—not known." Previous mailings to this address have been refused.

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, Highlander, file, Daniel Sanchez (NMOCD),

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

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KATHI BEARDEN

Publisher

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 weeks.

Beginning with the issue dated December 24 2005 and ending with the issue dated December 24 2005

Kathi Bearden
Publisher

Sworn and subscribed to before me this 27th day of

December 2005

[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
December 24, 2005

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 I Abatement Plan Proposal 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 I Abatement Plan for the Pipeline Junction F-17, Blinbry Drinkard Salt Water Disposal System, located approximately 2.5 miles northwest of Eunice in Unit Letter F, Section 17, Township 21 South, Range 37 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Chloride impact has been observed in the ground water. The Stage I Abatement Plan proposes the installation of two (2) additional monitoring wells to evaluate groundwater impact and hydraulic gradient. Additionally, a water well inventory will be performed to encompass a 1 mile radius around the site. The information generated will be evaluated and utilized to develop a groundwater remedy, if necessary. The findings will be presented to the NMOCD in a subsequent Stage II Abatement Plan. Quarterly sampling of all monitor wells will continue until results meet approval of the NMOCD. The monitor well results will be reported annually until 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 I Abatement Plan Revision Proposal 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 Stage I 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. #22039

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 67535128
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 24 day of Dec. 2005 and the subsequent consecutive publications on _____, 20_____.

[Handwritten Signature]

Sworn and subscribed to before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 27 day of Dec. of 2005

PRICE \$47.82
Statement to come at end of month.

ACCOUNT NUMBER 082274 My Commission

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 I Abatement Plan Proposal 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:

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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 I Abatement Plan Revision Proposal 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 Stage I 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: December 24, 2005

BD jct. F-17

Unit F, Sec. 17, T21S, R37E

Public Notice Mailings (12/19/2005)

Stage 1 Abatement Plan

	Landowner or Interested Party	Delivery Status			Comments
		Delivered US Mail	Delivered E-mail	Not Delivered	
1	Charles Harry Price a/k/a Charles H. Price II Trustee of Trust Indenture 1 West Armour Suite 300 Kansas City, MO 64111-0287	X			Return Receipt Received
2	Commerce Bank, N.A. Trustee of Linwood Properties ATTN: Debbie Pringer P.O. Box 419248 Kansas City, MO 64141-6248	X			Return Receipt Received
3	Joe E. Sims etux, Dorothy P.O. Box 338 Eunice, NM 88231	X			Return Receipt Received
4	Keith S. Brockhouse 884 Spirea Drive Rockledge, FL 32955	X			Return Receipt Received
5	Mack H. Wooldrige P.O. Drawer 1846 Albany, TX 74630	X			Return Receipt Received
6	Marsha S. Quinn 11308 King Overland Park, KS 66210	X			Return Receipt Received
7	Millard Deck Trust c/o Bank of America/Tim Wolters P.O. Box 270 Midland, TX 79702	X			Return Receipt Received
8	Oxy Permian Matthew G. Hyde P.O. Box 4294 Houston, TX 77210-4294	X			Return Receipt Received
9	Samantha J Gaskins P.O. Box 1861 Eunice, NM 88231	X			Return Receipt Received
10	Commerce Bank, N.A. & Jonathan M. Kemper Trustee of the William T. Kemper Foundation P.O. Box 419248 Kansas City, MO 64141-6248	X			Return Receipt Received
11	Jan Clair Kemper P.O. Box 647 Palm Beach Gardens, FL 33410			X	Undeliverable; No Such Number
12	Joe Robin Sims P.O. Box 338 Eunice, NM 88231	X			Return Receipt Received
13	Lisa Brockhouse Boalt 141 East Riverside Drive Apt 6-B Jupiter Fl 33469			X	Undeliverable; Forward order expired

14	Main Street Holding Company P.O. Box 381 Shawnee Mission, KS 66201			X	Undeliverable; unable to forward
15	McCasland Ltd. Ptd. P.O. Box 206 Eunice, NM 88231	X			Return Receipt Received
16	Gilbert Borrego New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504-1148	X			Return Receipt Received
17	R. Crosby Kemper c/o United Missouri Bank P.O. Box 419926 Kansas City, MO 64141-6248	X			Return Receipt Received
18	Sherry L. Barton 3114 W. Kansas Hobbs, NM 88240	X			Return Receipt Received
19	Attorney General's Office P.O. Box 1508 Santa Fe, NM 87502 - 0115	X			Return Receipt Received
20	Bureau of Land Management State Director P.O. Box 27115 Santa Fe, NM 87502 - 0115	X			Return Receipt Received
21	Chief Hazardous Waste Bureau Runnels Building Santa Fe, NM 87504	X			Return Receipt Received
22	Gerald R. Zimmerman Colorado River Board of Calif. 770 Fairmont Ave, Ste. 100 Glendale, CA 91203 - 1035	X			Return Receipt Received
23	Dr. Harry Bishara P.O. Box 748 Cuba, NM 87013	X			Return Receipt Received
24	Mike Schulz International Technology Corp. 5301 Central Avenue, NE Suite 700			X	Attempted; not known
25	Ken Marsh P.O. Box 388 Hobbs, NM 88241	X			Return Receipt Received
26	Ned Kendrick Attorney at Law 325 Paseo de Peralta Santa Fe, NM 87501	X			Return Receipt Received
27	Lynn Brandvold NM Bureau of Mines & Mineral Resources NM Institute of Mining & Tech Socorro, NM 87801	X			Return Receipt Received
28	Randy Hicks 901 Rio Grande Blvd NW Suite F - 142 Albuquerque, NM 87104	X			Return Receipt Received

29	Bruce S. Garber Attorney at Law P.O. Box 0850 Santa Fe, NM 87504 - 0850	X			Return Receipt Received
30	Chief Groundwater Bureau Runnels Building Santa Fe, NM 87504	X			Return Receipt Received
31	Colorado River Basin Ctrl. Forum 106 West 500 South, Suite 101 Bountiful, UT 84010	X			Return Receipt Received
32	Department of Game & Fish Director Villagra Building Santa Fe, NM 87503	X			Return Receipt Received
33	Public Service Company of NM Environmental Counsel ATTN: Colin Adams 414 Silver, Southwest Albuquerque, NM 87158	X			Return Receipt Received
34	Jay Lazarus P.O. Box 5727 Santa Fe, NM 87502	X			Return receipt received; also e mailed 1/23/06
35	Lee Wilson & Associates P.O. Box 931 Santa Fe, NM 87501	X			Return Receipt Received
36	New Mexico Environmental Department Secretary P.O. Box 26110 Santa Fe, NM 87501	X			Return Receipt Received
37	NM Oil & Gas Association P.O. Box 1864 Santa Fe, NM 87504 - 1864	X			Return Receipt Received
38	Soil & Water Conservation Bureau NM Dept of Agriculture/Ag Programs & Resources Box 30005/APR Las Cruces, NM 88003 - 8005	X			Return Receipt Received
39	Chris Shuey Southwest Research & Information Center P.O. Box 4524 Albuquerque, NM 87106	X			Return Receipt Received
40	State Historic Preservation Officer Attn: Elmo Baca 228 East Palace Avenue Villa Rivera Room 101 Santa Fe, NM 87503	X			Return Receipt Received
41	US Fish & Wildlife Service Field Supervisor 2105 Osuna Road, Northeast Albuquerque, NM 87113 - 1001	X			Return Receipt Received
42	Water Resources Division State Engineer Bataan Building Santa Fe, NM 87503	X			Return Receipt Received

43	Ron Dutton Southwestern Public Service P.O. Box 1261 Amarillo, TX 79170	X			Return Receipt Received
44	State Parks & Recreation Director 1220 S St. Francis Santa Fe, NM 87505	X			Return Receipt Received
45	Regional Forester USFS Regional Office 517 Gold Avenue SW Albuquerque, NM 87102		X		Undeliverable mail, not able to forward; e-mailed 1/23/06
46	William Turner NM Trustee For Natural Resources C/O American Ground Water Consultants 610 Gold St. SW, Suite 111 Albuquerque, NM 87102	X			Return Receipt Received
47	Lea County Administration Office Attn: Lue Ethridge 100 N. Main Street, Suite 4 Lovington, NM 88260	X			Return Receipt Received
TOTALS		42	1	4	

Kristin Farris Pope

From: "Kristin Farris Pope" <kpriceswd@valornet.com>
To: <cgarcia@fs.fed.us>
Sent: Monday, January 23, 2006 3:01 PM
Attach: F-17 Stage I Abatement Plan Public Notice.doc
Subject: Rule 19 Public Notice (F-17)

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 December 19, 2005 but a return receipt was not received.

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

Kristin Farris Pope

From: "Kristin Farris Pope" <kpriceswd@valornet.com>
To: "Jay Lazarus" <lazarus@glorietageo.com>
Sent: Monday, January 23, 2006 3:00 PM
Attach: F-17 Stage I Abatement Plan Public Notice.doc
Subject: Rule 19 Public Notice (F-17)

Jay Lazarus:

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 December 19, 2005 but a return receipt was not received.

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

DEF: 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:

M Bureau of Mines & Mineral Resources
John Brandvold
Institute of Mining & Tech
Corro, NM 87801

BD F-17

Article Number 7005 1820 0001 6804 8347
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) Garibay C. Date of Delivery 10-2-2005
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

CAMPUS STATION
SOCORRO, NM
FEB 2 2 2005

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

DEF: 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:

Larsha S. Quinn
1308 King
Verland Park, KS 66210

F-17

Article Number 7005 0390 0000 9980 4453
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) Larsha S. Quinn C. Date of Delivery 10-2-2005
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:

R. Crosby Kemper
c/o United Missouri Bank
P.O. Box 419926
Kansas City, MO 64141-6248

F-17

Article Number 7005 0390 0000 9980 4477
Transfer from service label)
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) Garibay C. Date of Delivery 10-2-1-2005
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:

State Historic Preservation Officer Alvin Elmo Baca
228 East Palace Avenue
Villa Rivera Room 101
Santa Fe, NM 87503

BD F-17

Article Number 7005 1820 0001 6804 8286
Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
B. Received by (Printed Name) Larsha S. Quinn C. Date of Delivery 10-2-2005
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:

Mandy Hicks
01 Rio Grande Blvd NW Suite F-142
Albuquerque, NM 87104

Article Number
(Transfer from service label) 7005 1620 0001 6804 8330

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Mandy Hicks*
B. Received by (Printed Name) *Mandy Hicks*
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:

Mack H. WoodrIDGE
P.O. Drawer 1846
Albany, TX 74630

Article Number
(Transfer from service label) 7005 0390 0000 9980 4484

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Mandy Hicks*
B. Received by (Printed Name) *Mack H. Woodridge*
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:

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

Article Number
(Transfer from service label) 7005 1620 0001 6804 8279

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Chris Shuey*
B. Received by (Printed Name) *Chris Shuey*
C. Date of Delivery *12/21/05*

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:

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

Article Number
(Transfer from service label) 7005 1620 0001 6804 8187

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Chris Shuey*
B. Received by (Printed Name) *Chris Shuey*
C. Date of Delivery *DEC 21 2005*

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:

Keith S. Brockhouse
384 Spirea Drive
Rockledge, FL 32955

Article Number
7005 0390 0000 9980 4521
Domestic Return Receipt
Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
B. Received by (Printed Name)
C. Date of Delivery
12-27-05
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Article Addressed to:

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:

Commerce Bank, N.A. Trustee of Linwood Properties
ATTN: Debbie Pringer
PO BOX 419248
Kansas City, MO 64141-6248

Article Number
7005 1820 0001 6804 5551
Domestic Return Receipt
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
B. Received by (Printed Name)
C. Date of Delivery
DEC 21 2005
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Article Addressed to:

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:

Sherry L. Barton
3114 W Kansas
Hobbs, NM 88240

Article Number
7005 1820 0001 6804 5360
Domestic Return Receipt
Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
B. Received by (Printed Name)
C. Date of Delivery
12-29-05
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Article Addressed to:

Samanth J Gaskins
PO BOX 1861
Eunice, NM 88231

Article Number
7005 1820 0001 6804 5537
Domestic Return Receipt
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.

Article Addressed to:

Samanth J Gaskins
PO BOX 1861
Eunice, NM 88231

Article Number
7005 1820 0001 6804 5537
Domestic Return Receipt
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]
B. Received by (Printed Name)
C. Date of Delivery
12-21-05
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Article Addressed to:

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 5537
Domestic Return Receipt
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.

Article Addressed to:

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

BDF-17

Article Number

(Transfer from service label) 7005 1820 0001 6804 8293

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

DEC 21 2004

3. Service Type *67505*
 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:

Dr. Harry Bishara
PO BOX 748
Cuba, NM 87013

BDF-17

Article Number

(Transfer from service label) 7005 1820 0001 6804 8354

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *BISHARA* C. Date of Delivery *12-21-05*

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:

Chief
Hazardous Waste Bureau
Runnels Building
Santa Fe, NM 87504

BDF-17

Article Number

(Transfer from service label) 7005 1820 0001 6804 8323

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 No

If YES, enter delivery address below:

SANTA FE, NM

DEC 28 2005

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:

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

BDF-17

Article Number

(Transfer from service label) 7005 1820 0001 6804 8194

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

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

2. Article Number (Transfer from service label) **7005 1820 0001 6804 8200**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Randy Bach

B. Received by (Printed Name) *Randy Bach* C. Date of Delivery *12-21-00*

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:
Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

2. Article Number (Transfer from service label) **7005 1820 0001 6804 2543**

Form **3811**, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
William Turner

B. Received by (Printed Name) *William Turner* C. Date of Delivery *12-21-00*

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

2. Article Number (Transfer from service label) **7005 1820 0001 6804 8158**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Colin Adams

B. Received by (Printed Name) *Colin Adams* C. Date of Delivery *12-21-00*

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

2. Article Number (Transfer from service label) **7005 1820 0001 6804 8248**

Form **3811**, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
William Turner

B. Received by (Printed Name) *William Turner* C. Date of Delivery *12-21-00*

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:
Joe E. Sims
Etux, Dorothy
PO BOX 338
Eunice, NM 88231

2. Article Number (Transfer from service label): 7005 0390 0001 6804 5315

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Joe E. Sims* 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:
Millard Deck Trust
c/o Bank of America/Time Wolters
P.O. Box 270
Midland, TX 79702

2. Article Number (Transfer from service label): 7005 0390 0000 9980 4507

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *DeVance* C. Date of Delivery: *12-22*

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

1. Article Addressed to:
Charles Harry Price aka Charles H. Price
Trustee of Trust Indenture
1 West Armour Suite 300
Kansas City, MO 64111-0287

2. Article Number (Transfer from service label): 7005 0390 0000 9980 4545

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *DeVance* C. Date of Delivery: *12-21-05*

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

2. Article Number (Transfer from service label): 7005 1820 0001 6804 8255

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *DeVance* C. Date of Delivery: *12-21-05*

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

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Grace Roubal*
 Agent
 Addressee

B. Received by (Printed Name) *Grace Roubal*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27/04*

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, 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

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Grace Roubal*
 Agent
 Addressee

B. Received by (Printed Name) *Grace Roubal*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27*

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, 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

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Grace Roubal*
 Agent
 Addressee

B. Received by (Printed Name) *Grace Roubal*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27/04*

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, or on the front if space permits.

1. Article Addressed to:
 Bruce S. Garber
 Attorney at Law
 PO BOX 0850
 Santa Fe, NM 87504-0850

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bruce S. Garber*
 Agent
 Addressee

B. Received by (Printed Name) *Bruce S. Garber*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27*

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

102595-02-M-1540

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

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bruce S. Garber*
 Agent
 Addressee

B. Received by (Printed Name) *Bruce S. Garber*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27*

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, or on the front if space permits.

1. Article Addressed to:
 Bruce S. Garber
 Attorney at Law
 PO BOX 0850
 Santa Fe, NM 87504-0850

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bruce S. Garber*
 Agent
 Addressee

B. Received by (Printed Name) *Bruce S. Garber*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27*

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, or on the front if space permits.

1. Article Addressed to:
 Bruce S. Garber
 Attorney at Law
 PO BOX 0850
 Santa Fe, NM 87504-0850

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bruce S. Garber*
 Agent
 Addressee

B. Received by (Printed Name) *Bruce S. Garber*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27/04*

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, or on the front if space permits.

1. Article Addressed to:
 Bruce S. Garber
 Attorney at Law
 PO BOX 0850
 Santa Fe, NM 87504-0850

2. Article Number (Transfer from service label) **BD F-17**
 PS Form 3811, February 2004

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

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Bruce S. Garber*
 Agent
 Addressee

B. Received by (Printed Name) *Bruce S. Garber*
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

C. Date of Delivery *12/27*

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, or on the front if space permits.

Article Addressed to:

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

BDF-17

Article Number (Transfer from service label) 7005 1820 0001 6804 8217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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:

New Mexico State Land Office
Gilbert Borrego
P.O. Box 1148
Santa Fe, NM 87504-1148

F-17

Article Number (Transfer from service label) 7005 0390 0000 9980 4460

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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:

Joe Robin Sims
PO BOX 338
Eunice, NM 88231

F-17

Article Number (Transfer from service label) 7005 0390 0000 9980 4446

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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

BDF-17

Article Number (Transfer from service label) 7005 1820 0001 6804 2550

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

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

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

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

Article Number (Transfer from service label) 7005 1820 0001 6804 8378

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) Becky Steinkamp C. Date of Delivery 10/20/04

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.

Article Addressed to:

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

Article Number (Transfer from service label) 7005 1820 0001 6804 8385

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) Ned Kendrick C. Date of Delivery 10/20/04

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.

Article Addressed to:

ea County Administration Office
Attn: Lue Ethridge
300 N. Main Street, Suite 4
Bovington, NM 88260

Article Number (Transfer from service label) 7005 1820 0001 6804 5308

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) Lue Ethridge C. Date of Delivery 10/20/04

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.

Article Addressed to:

McCasland Ltd Ptd
PO BOX 206
Eunice, NM 88231

Article Number (Transfer from service label) 7005 1820 0001 6804 5377

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) McCasland Ltd Ptd C. Date of Delivery 10/20/04

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.

Article Addressed to:

Attorney General's Office
 P.O. BOX 1508
 Santa Fe, NM 87504

BD F-17

Article Number
 (Transfer from service label) 7005 1820 0001 6804 8309

Domestic Return Receipt
 Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *W. U. U. U. U.*

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:

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

BD F-17

Article Number
 (Transfer from service label) 7005 1820 0001 6804 8262

Domestic Return Receipt
 Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *W. U. U. U. U.*

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:

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

BD F-17

Article Number
 (Transfer from service label) 7005 1820 0001 6804 2574

Domestic Return Receipt
 Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *W. U. U. U. U.*

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:

Oxy Permian
 Matthew G. Hyde
 P.O. Box 4294
 Houston, TX 77210-4294

F-17

Article Number
 (Transfer from service label) 7005 0390 0000 9980 4491

Domestic Return Receipt
 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:

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

BD F-17

Article Number
 (Transfer from service label) 7005 1820 0001 6804 2574

Domestic Return Receipt
 Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *W. U. U. U. U.*

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:

Oxy Permian
 Matthew G. Hyde
 P.O. Box 4294
 Houston, TX 77210-4294

F-17

Article Number
 (Transfer from service label) 7005 0390 0000 9980 4491

Domestic Return Receipt
 Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *W. U. U. U. U.*

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:

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

BD F-17

Article Number
 (Transfer from service label) 7005 1820 0001 6804 8262

Domestic Return Receipt
 Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *W. U. U. U. U.*

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:

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

BD F-17

Article Number
 (Transfer from service label) 7005 1820 0001 6804 2574

Domestic Return Receipt
 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:

Commerce Bank, N.A. & Jonathan M. Kemper
 Trustee of the William T. Kemper Foundation
 P.O. Box 419248
 Kansas City, MO 64141-6248

F-17

2. Article Number

7005 0390 0000 9980 4439

(Transfer from service label)

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) Date of Delivery
 REC 2 1 2005

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:

Jay Lazarus
 PO BOX 5727
 Santa Fe, NM 87502

BDP-17

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 8163

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)

John S. Smith

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 NM
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

RICE

Operating Company

122 West Taylor
Hobbs, NM 88240

1460
0053504-420055
5194 NUMBER PREMIER CODE

1820 0001 6804 8361

- Unrecoverable as Addressed
- Moved
- Unclaimed
- Refused
- Attempted - Not Known
- No Such Street
- No Such Number
- No Recipient
- Deceased
- Vacant

RECEIVED
DEC 27 2005
RICE OPERATING
HOBBS, NM

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

7005 1820 0001 6804 8361

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

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

OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here
HOBBS NM 30 JAN 1 2005

Sent To: International Technology Corp. *BDF-17*
Street, Apt. or PO Box: Mike Schulz
City, State: 5301 Central Avenue, NE Suite 700
Albuquerque, NM 87108

PS Form 3800, June 2002 See Reverse for Instructions

87108#1822

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
International Technology Corp.
Mike Schulz
5301 Central Avenue, NE Suite 700
Albuquerque, NM 87108

BDF-17

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 8361

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

RICE Operating Company
 122 West Taylor
 Hobbs, NM 88240

RECEIVED
 DEC 28 2005
 RICE OPERATING
 HOBBS, NM

WA
 1550
 0003504-420 DEC 19 2005
 5178 MAIL ROOM CODE
 89240
 89240

7005 0390 0000 9980 4514

Main Street Holding Company
 P.O. Box 381
 Shawnee Missi.

MAINE01

662013020 IN 08 12/22/05
 RETURN TO SENDER

NO FORWARD ORDER ON FILE
 UNABLE TO FORWARD
 RETURN TO SENDER

662013020 IN 08 12/22/05

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 AND TELLUS TO POSTAGE TO THE RIGHT

7005 0390 0000 9980 4514

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	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark Here
 DEC 22 2005
 HOBBS, NM 88240

Sent To
 Street, Apt. No., or PO Box No. Main Street Holding Company
 P.O. Box 381
 City, State, ZIP+4 Shawnee Mission, KS 66201

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Main Street Holding Company
 P.O. Box 381
 Shawnee Mission, KS 66201

2. Article Number (Transfer from service label)
 7005 0390 0000 9980 4514

PS Form 3811, February 2004

102595-02-M-1540

RICE Operating Company

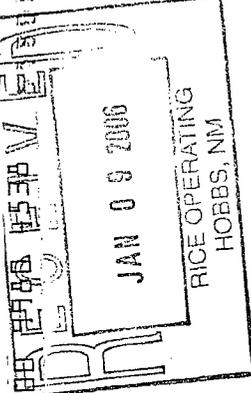
122 West Taylor
Hobbs, NM 88240

Jan Clair Kemper
P.O. Box 647
Palm Beach Gardens, FL 33410



- MOVED, LEFT NO ADDRESS
- FORWARDING ORDER EXPIRED
- ATTEMPTED - NOT KNOWN
- UNCLAIMED REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS
- NO MAIL RECEIPTABLE
- TEMPORARILY AWAY
- VACANT

ROUTE NO. _____ DATE 1/1/08
CARR./INITIALS _____



U.S. POSTAGE
7005 0390 0000 9980 4538
1740
POSTNET 7005 0390 0000 9980 4538
POSTAL ZIP+4 88240
POSTAL ZIP+4 88240

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

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

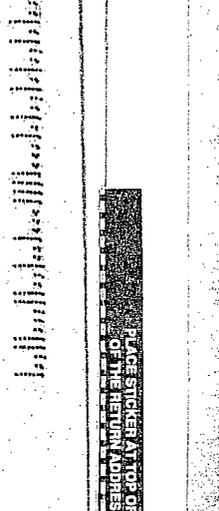
OFFICIAL USE

Postage	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To
 Street, Apt. No.; or PO Box No. Jan Clair Kemper
 P.O. Box 647
 City, State, ZIP+4 Palm Beach Gardens, FL 33410 **F-17**

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Jan Clair Kemper
 P.O. Box 647
 Palm Beach Gardens, FL 33410

2. Article Number (Transfer from service label) **F-17**
 7005 0390 0000 9980 4538

RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 8231

RECEIVED
JAN 06 2006
RICE OPERATING
HOBBS, NM

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

7005 1820 0001 6804 8231

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	\$.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



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

BD
F-17

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

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.
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 USFS Regional Office
 Reginal Forester
 517 Gold Avenue SW
 Albuquerque, NM 87102

2. Article Number (Transfer from service label): BDF-17

7005 1820 0001 6804 8231

PS Form 3811, February 2004

Domestic Return Receipt 102595-02-M-1540

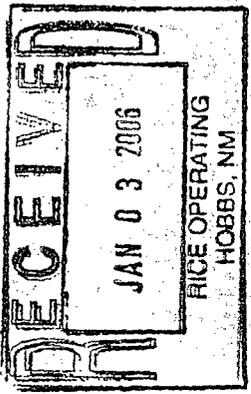
RICE

Operating Compa

122 West Taylor
Hobbs, NM 88240

7005 1820 0001 6804 5544

Lisa Brockhouse Boalt
141 East Riverside Drive
Apt 6-B
Jupiter, FL 33469



1330
0015 \$04.42
5172
POSTAGE PAID PERMIT NO. 1000
JUPITER, FL 33469
POST OFFICE BOX 1000
JUPITER, FL 33469

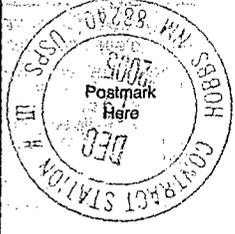
7005 1820 0001 6804 5544

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

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

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42



Sent To: Lisa Brockhouse Boalt
Street, Apt. No., or PO Box No.: 141 East Riverside Drive
City, State, ZIP+4: Apt 6-B Jupiter, FL 33469

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO ELIMINATE THE NEED FOR A RETURN ADDRESS LABEL

SENDER: COMPLETE THIS SECTION

- Complete items 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:

Lisa Brockhouse Boalt
141 East Riverside Drive
Apt 6-B
Jupiter, FL 33469

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X

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

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 5544

PS Form 3811, February 2004

102595-02-M-1540