

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

2006 APR 20 PM 12 23

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

[Signature of Daniel Russell]

Editor

Sworn and subscribed to before

17th day of

January _____, 2006

[Signature of Notary Public]

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, Blinbery 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 _____, 2006.

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

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Journal: January 14, 2006

BD jct. J-26

Unit J, Sec. 26, T21S, R37E

Public Notice Mailings (1/10/2005)

Stage 1 and 2 Abatement Plan

	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

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 *J-26*

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

7005 1820 0001 6804 2109
10295-02-M-1540
Domestic Return Receipt

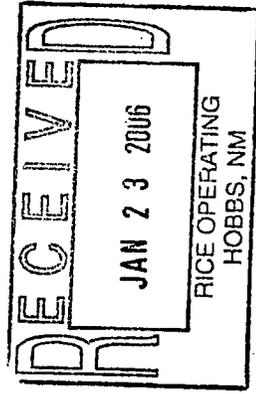
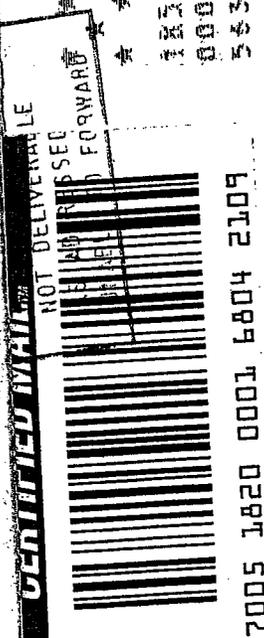
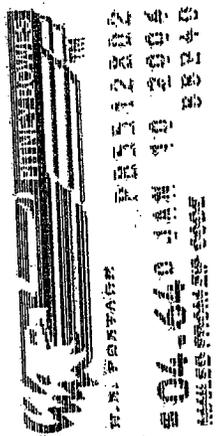
SENDER: COMPLETE THIS SECTION

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

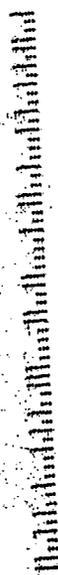
2. Article Number (transfer from service label) *BD J-26*

PS Form 3811, February 2004



RICE Operating Comp
 122 West Taylor
 Hobbs, NM 88240

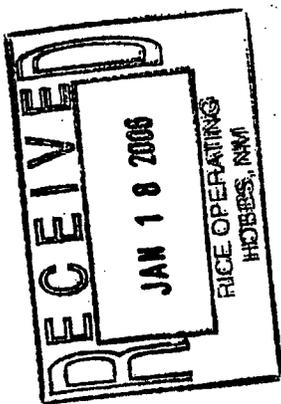
USFS Regional Office
 Reginal Forester
 517 Gold Avenue SW
 Albuquerque, NM 87102



RICE

Operating Company

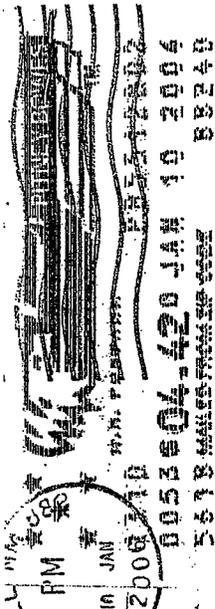
122 West Taylor
Hobbs, NM 88240



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 Receipt
 - Box Closed - No Order
 - Ret. For Better Address
 - Postage Due

John B Stewart
PO BOX 657
Eunice, NM 88231



0053604-420 JAN 10 2006
5678 MAIL SERVICE

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

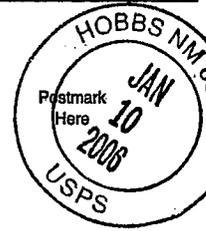
CERTIFIED MAIL™ RECEIPT

(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) C. Date of Delivery

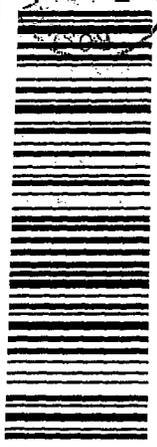
D. Is delivery address different from item 1? Yes No

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

RICE Operating Company
 122 West Taylor
 Hobbs, NM 88240



PM
 JAN 10 2006
 2006

7005 1620 0001 6804 3724
 JAN 10 2006
 33249

- 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

RECEIVED
 JAN 18 2006
 RICE
 HC-25, NM



EA 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

Postmark Here: JAN 10 2006

PS Form 3800, June 2002 See Reverse for Instructions

REGISTERED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD OVER TO THE FRONT LINE

SENDER: COMPLETE THIS SECTION

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

2. Article Number: 7005 1620 0001 6804 3724
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X

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

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

102585-02-M-1540

7005 1820 0001 6804 3786

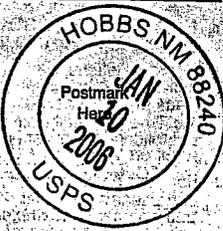
CERTIFIED MAIL™ RECEIPT

(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

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

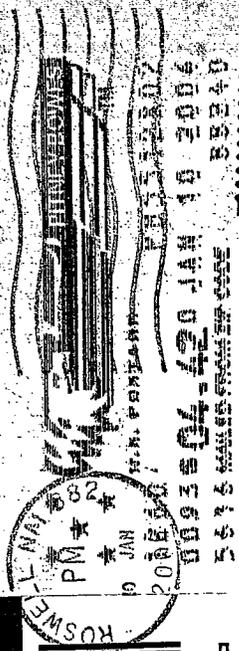
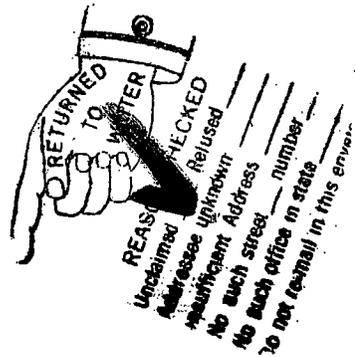
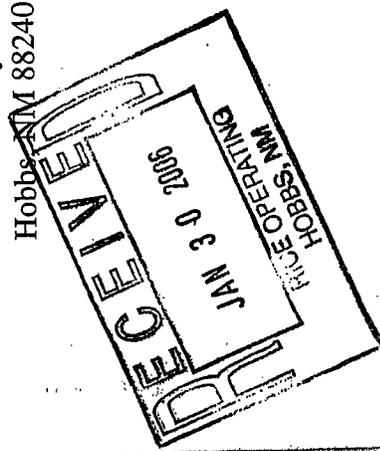
CERTIFIED MAIL™



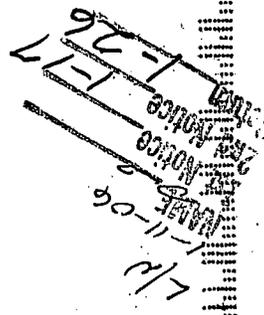
7005 1820 0001 6804 3786

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

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 Receipts
- Box Closed - No Order
- Return to Sender For Better Address
- Postage Due

Robert Soukup
 PO BOX 1094
 Eunice, NM 88231



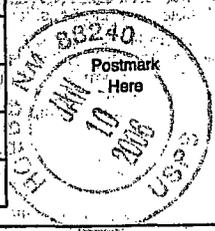
POSTNET
 7005 1820 0001 6804 3694
 10 JAN 18 2006
 5:58 PM
 HOBBS, NM 88240

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 J-26
 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

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

CERTIFIED MAIL™



7005 1820 0001 6804 3700

ing Company
Taylor
88240



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Return to Sender
- No Postage Needed
- Refused
- Unclaimed - Not Known
- No Such Street
- Number
- Vacant
- Illegible
- No Mail Receptacle
- Box Closed - No Order
- Pay Method 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

RECEIVED
FEB 1 2006
OFFICE OPERATING
HOBBS, NM

ROCKWELL, NM
P.M.
JAN 10 2006
1200
PONTARR
0043904-720 JAN 10 2006
5587
88240



Horizontal barcode

002E 4089 T000 020T 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, 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) Date of Delivery

C. Date of Delivery

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

7005 1820 0001 6804 3649

Domestic Return Receipt

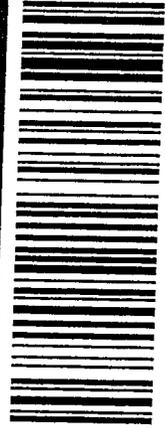
102595-02-M-1540

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

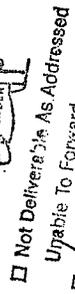
Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64



Operating Company
 West Taylor
 NM 88240



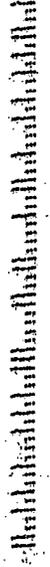
7005 1820 0001 6804 3649



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

NAME
 1st Notice *1-11*
 2nd Notice *1-13*
 Return *1-20*

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

J-26

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

102895-02-M-15-40

Domestic Return Receipt

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

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

See Reverse for Instructions

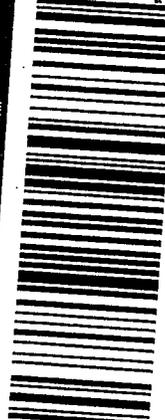
Delrose Scott
2000 N. Fowler
Hobbs, NM 88240

Sent To

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

PS Form 3800, June 2002

erating Company
est Taylor
NM 88240

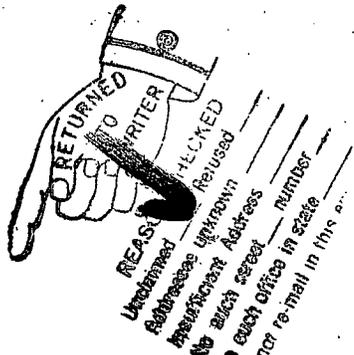


7005 0390 0000 9980 3906

UNITED MAIL

ROSM
PM
101 AM
2005 JUN 10 2005
5504
5504

7005 0390 0000 9980 3906



Delrose Scott
2000 N. Fowler
Hobbs, NM 88240



11/11/06
1st Notice 1-11
2nd Notice 1-20
Return

33082303 006

RICE

Operating Company

122 West Taylor

Hobbs, NM 88240

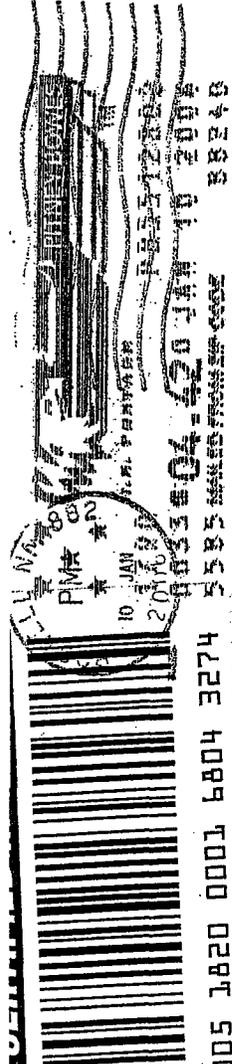


- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- Such Street Number
- Variant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Return For Better Address
- Postage Due

RECEIVED
 JAN 18 2006
 RICE OPERATING
 HOBBS, NM

NAME
 1st Notice
 2nd Notice
 Return

Maria Collins
 Johnny Collins
 PO BOX 781
 Eunice, NM 88231



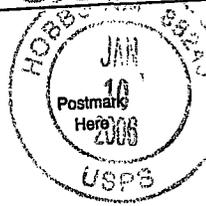
7005 1820 0001 6804 3274

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	\$ 4.64



Sent To: Maria Collins
 PO BOX 781
 Eunice, NM 88231

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

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressed
- 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

- 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)

7005 1820 0001 6804 3274

IPS Form 3800-1, February 2004

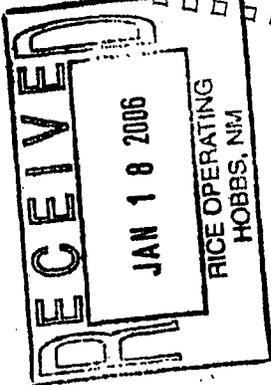
Domestic Return Receipt

102595-02-M-1540

RICE

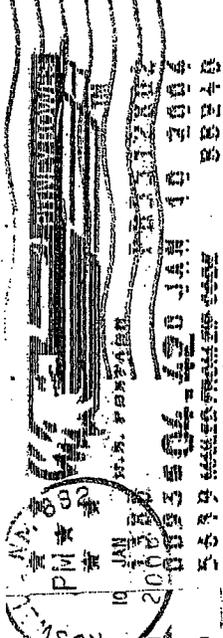
Operating Company

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 For Better Address
- Postage Due

Richard F Anderson
PO BOX 1053
Euncie, NM 88231



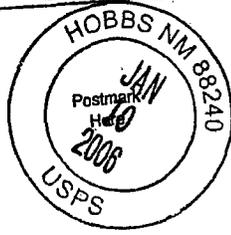
7005 1820 0001 6804 3281
JAN 10 2006
HOBBS, NM 88240

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 *J-26*
 Street, Apt. No.; or PO Box No.: PO BOX 1053
 City, State, ZIP+4: Euncie, NM 88231
 See Reverse for Instructions
 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		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"/> 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 <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: Richard F Anderson PO BOX 1053 Euncie, NM 88231		3. Service Type <input 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 <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7005 1820 0001 6804 3281		PS Form 3811, February 2004 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 Receptacle
- Box Closed - No Order
- Flat Not Closed For Better Address
- Postage Due

NAME _____
 1st Notice _____
 2nd Notice _____
 Return _____

Jonhston Construction Inc
 PO BOX 837
 Eunice, NM 88231



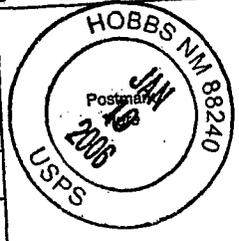
7005 1820 0001 6804 3311
 063504-420 JAN 10 2006
 5522 4400 0000 0000

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	\$ 4.04



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

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 No

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:

RICE OPERATING
HOBBS, NM

FEB 1 2006

RECEIVED

Linda Nicely
PO BOX 567
Eunice, NM 88231

2. Article Number

7005 1820 0001 6804 3564

(Transfer from service label)

January 2004

Domestic Return Receipt

102595-02-M-1540

CERTIFIED MAIL™

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



Postage	\$.39
Certified Fee	\$ 1.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 4.69
Total Postage & Fees	\$ 8.33

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

PS Form 3800, June 2002 See Reverse for Instructions



- 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 Receiptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

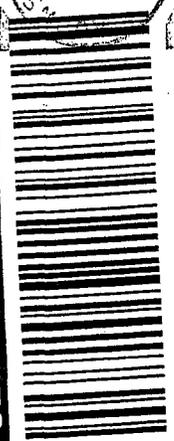
B. Received by (Printed Name) Date of Delivery

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

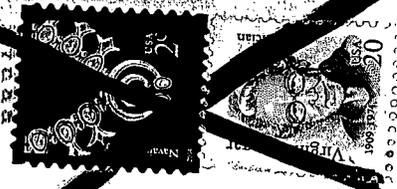
3. Service Type Express Mail Return Receipt for Merchandise

Certified Mail Registered Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No



7005 1820 0001 6804 3564



Linda Nicely
PO BOX 567
Eunice, NM 88231

NAME
1st Notice 1-24-06
2nd Notice 1-28-06
Return 1-28-06

Handwritten return address: Hobbs 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 1620 0001 6804 3496

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

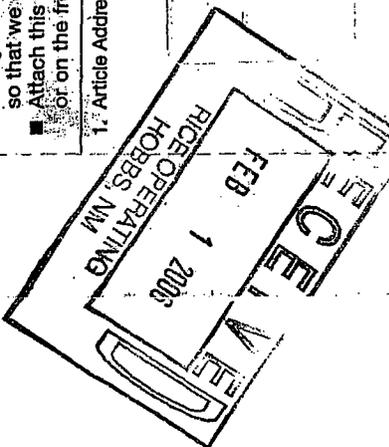
B. Received by (Printed Name) C. Date of Delivery

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.

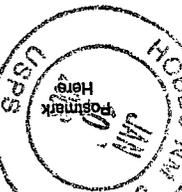
4. Restricted Delivery? (Extra Fee) Yes



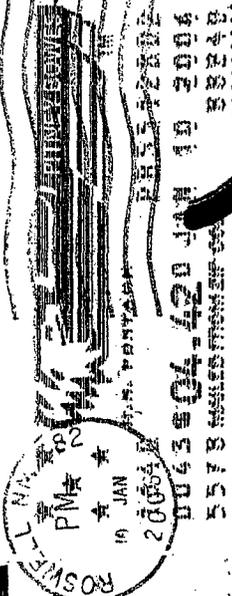
Sent To: G Nicely ET UX Linda J-26
 Street, Apt. No. or PO Box No.: PO BOX 567
 City, State, ZIP+4: Eunice, NM 88231

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

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



7005 1620 0001 6804 3496



Rating Company
 Taylor
 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 For Better Address
- Postage Due

NAME
 1st Notice J-26
 2nd Notice J-26
 Return J-26

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



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
- Variant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Ret. 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
 0053504-420 JAN 10 2006
 5580



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®

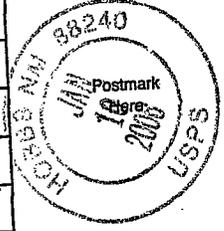
OFFICIAL USE

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
 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:
 Elmer K Logan
 PO BOX 1923
 Eunice, NM 88231

2. Article Number (Transfer from service label)
 7005 1820 0001 6804 3458

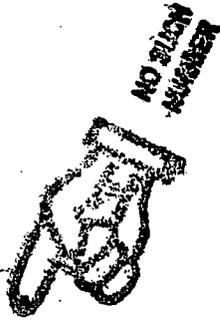
102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

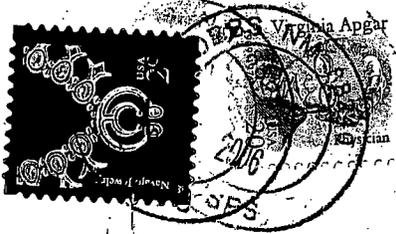
RICE Operating Company
 122 West Taylor
 Hobbs, NM 88240

RECEIVED
 JAN 12 2006
 RICE OPERATING COMPANY
 HOBBS, NM



7005 1820 0001 6804 3502

ROSWELL, NM
 JAN 10 2006
 5 57 5
 04-420 JAN 10 2006
 88240



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	\$ 4.04

Sent To: **Glen A Teague**

Street, Apt. No., or PO Box No.: **3016 Pine Rd**

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

Postmark Here: **HOBBS NM 10 2006**

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

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**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed 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 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:

Jose G Gonzalez
PO BOX 462
Eunice, NM 88231

J-26

2. Article Number

(Transfer from service label)
7005 1620 0001 6804 3588
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

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



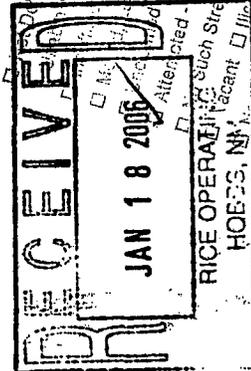
Sent To: Jose G Gonzalez J-26
Street, Apt. No., or PO Box No.: PO BOX 462
City, State, ZIP+4: Eunice, NM 88231
PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™



7005 1620 0001 6804 3588

RICE Operating Company
122 West Taylor
Hobbs, NM 88240



- Deliverable As Addressed
- Return to Forwarding Office
- Return to Address
- Return to No Address
- Refused
- Not Known
- Number
- Mail Recipient
- Mail Recipient
- Box Closed - No Order
- Return to Better Address
- Postage Due

NAME: Jose G Gonzalez
1st Notice: 1-11
2nd Notice: 1-11
Return: 1-16

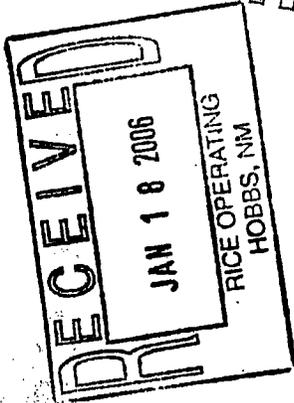
Jose G Gonzalez
PO BOX 462
Eunice, NM 88231



7005 1620 0001 6804 3588

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 Address For Better Address
- Postage Due

Jimmy D Martin
PO BOX 585
Eunice, NM 88231



7005 1820 0001 6804 3557

ROSA
JAN 10 2006
5 59 B
0033 04-420 JAN 10 2006
83245

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®

Postage	\$ 39
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 274

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS OR 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:

Jimmy D Martin
PO BOX 585
Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

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

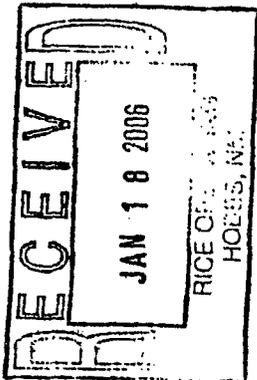
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number: 7005 1820 0001 6804 3557
PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-15-04

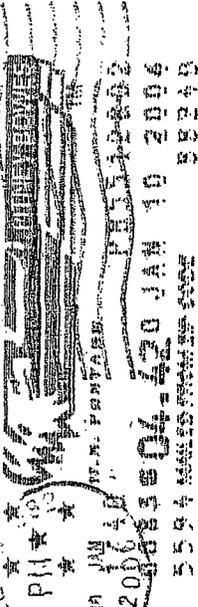
RICE Operating Company
 122 West Taylor
 Hobbs, NM 88240



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

7005 1820 0001 6804 3618

H J Jenkins
 PO BOX 97
 Eunice, NM 88231



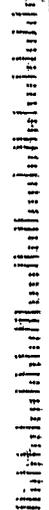
OFFICIAL USE

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

Postmark: Here JAN 10 2006

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

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

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

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 2000



1210
00835 04-660 JAN 10 2006
5555 MAIL ROOM CASE



- Undelivered
 - Addressed
 - Moved, Last Known Address
 - Unretrieved
 - Returned to Sender
 - Attempted - Not Known
 - No Such Street
 - No Such Number
 - No Receptacle
 - Deceased
 - Vacant
- Attempted*
Oh know

RECEIVED
JAN 17 2006
RICE OPERATING
HOBBS, NM

7005 1820 0001 6804 2000

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

Postmark Here
JAN 10 2006
HOBBS NM

Sent To: International Technology Corp
Mike Schulz
Street, Apt. No., or PO Box No. 5301 Central Avenue, NE Suite 700
City, State, ZIP+4 Albuquerque, NM 87108

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, AND AT FOOTED 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 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

2. Article Number
Transfer from service 7005 1820 0001 6804 2000

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

102595-02-M-1540
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:

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

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:

Historic Preservation Officer Attn: Elmo Baca
18 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
William Turner Addressee
B. Received by (Printed Name) Date of Delivery
AMGutierrez
C. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

USP
JAN 17 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:

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
William Turner Addressee
B. Received by (Printed Name) Date of Delivery
William Turner Yes
C. 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
William Turner Addressee
B. Received by (Printed Name) Date of Delivery
William Turner
C. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

USP
JAN 18 2006

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
K. McGee Addressee
B. Received by (Printed Name) Date of Delivery
K. McGee Yes
C. 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 2161

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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:

Sea County Administration Office
Attn: Lue Ethridge
100 N. Main Street, Suite 4
Livington, 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
L. Ethridge
B. Received by (Printed Name)
L. ETHRIDGE
C. Date of Delivery
1-11-04
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:

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
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:

Ken Marsh
CRI
PO BOX 388
Hobbs, NM 88241

6D 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
B. Received by (Printed Name)
Ken Marsh
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:

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

6D 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
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

AN 1 2 2006

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

A. Signature Agent
B. Received by (Printed Name) B. Pearce
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:

Eva Owen
William Owen Stephens
PO BOX 115
Eunice, NM 88231

J-26

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

A. Signature Agent
B. Received by (Printed Name) William Owen Stephens
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:

Bobby L Pearce Trust
PO BOX 316
Eunice, NM 88231

J-26

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

A. Signature Agent
B. Received by (Printed Name) B. Pearce
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.

Article Addressed to:

Bobby L Pearce Trust
PO BOX 316
Eunice, NM 88231

J-26

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

A. Signature Agent
B. Received by (Printed Name) William Owen Stephens
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:

Kathleen Parker
PO BOX 1291
Eunice, NM 88231

J-26

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

A. Signature Agent
B. Received by (Printed Name) Kathleen Parker
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:

Duayne Parker
Clyde Crowell
PO BOX 1334
Eunice, NM 88231

J-26

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

A. Signature Agent
B. Received by (Printed Name) Kathleen Parker
C. Date of Delivery 1-12-07
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) William Owen Stephens
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) Kathleen Parker
C. Date of Delivery 1-12-07
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:

Gilbert's Leasing Service Inc

PO BOX 1597
Lovington, NM 88260

J-26

Article Number 7005 1820 0001 6804 3335

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

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:

Bart D Parker

PO BOX 846
Eunice, NM 88231

J-26

Article Number 7005 1820 0001 6804 3489

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

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:

Joe Allen Caperton
PO BOX 1028
Eunice, NM 88231

J-26

Article Number 7005 1820 0001 6804 3366

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

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 Owens
PO BOX 115
Eunice, NM 88231

J-26

Article Number 7005 1820 0001 6804 3472

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

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:
Wayne Aderson
PO BOX 1491
Eunice, NM 88231

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 3434**
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Wayne Robinson
B. Received by (Printed Name)
Wayne 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
 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 3779**
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:
Richard Robinson
PO BOX 1334
Eunice, NM 88231

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 3779**
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Wanda Ruth
B. Received by (Printed Name)
Wanda Ruth
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
 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 3717**
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:
Ruth L Willard
PO BOX 589
Eunice, NM 88231

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 3717**
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:
Mark Owen Estate
PO BOX 115
Eunice, NM 88231

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 3427**
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Wanda Ruth
B. Received by (Printed Name)
Wanda Ruth
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
 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 3427**
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:

Jamies E Gardner
PO BOX 1244
Eunice, NM 88231

Article Number 7005 1820 0003 6804 3342
(Transfer from service label)

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

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

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 7005 0390 0000 9980 3852
(Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Michael Brock* 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

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Amanda 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)
7005 1620 0001 6804 3359
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

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

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:

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

2. Article Number
(Transfer from service label)
7005 1620 0001 6804 3373
PS Form 3811, February 2004

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
If YES, enter delivery address below: No

Mary E Brewer
1-12-06

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:

Calico Properties LLC
500 Zia Drive
Hobbs, NM 88240

Article Number
(Transfer from service label)
7005 1620 0001 6804 3410
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

Carol Calico

Carol Calico
1/13/05

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:

City Of Eunice
PO BOX 147
Eunice, NM 88231

2. Article Number
(Transfer from service label)
7005 1620 0001 6804 3304
PS Form 3811, February 2004

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
If YES, enter delivery address below: No

Michael Block

Michael Block
1-12-06

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:

Richard Don and Cathy Jones
P.O. Box 21
Eunice, NM 88231

Article Number
(Transfer from service label) 7005 1820 0001 6804 3267
Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cathy Jones
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:

B W Caperton
PO BOX 931
Eunice, NM 88231

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
 B W Caperton
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.

Article Addressed to:

Joe Alden Bayes
PO BOX 173
Eunice, NM 88231

Article Number
(Transfer from service label) 7005 1820 0001 6804 3397
Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Darlene Bayes
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:

Carol Thorton
PO BOX 3 Tex - NM Camp
Eunice, NM 88231

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
 Carol J. Waddy
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

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:

Richard Don Jones
PO BOX 21
Eunice, NM 88231

Article Number
(Transfer from service label)

7005 1820 0001 6804 3441

S-Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Cathy Jones Agent Addressee

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:

Runco Inc
8100 W Alabama
Hobbs, NM 88240

Article Number
(Transfer from service label)

7005 1820 0001 6804 3380

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Richard Don Jones Agent Addressee

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.

Article Addressed to:

Patricia House ET AL
PO BOX 3715
Midland, TX 79702

Article Number
(Transfer from service label)

7005 1820 0001 6804 3533

S-Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Patricia House Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery
1/11/06

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:

Patrick McCasland
PO BOX 218
Eunice, NM 88231

Article Number
(Transfer from service label)

7005 1820 0001 6804 3465

PS-Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Patrick McCasland 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:

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) Kenneth V Blackwell C. Date of Delivery JAN 13 2006
- 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:

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:

Kenneth V Blackwell
 PO BOX 53180
 Lubbock, TX 79453



- A. Signature Agent Addressee
- B. Received by (Printed Name) Kenneth V Blackwell C. Date of Delivery JAN 10 2006
- 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:

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-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) N. Brund C. Date of Delivery JAN 13 2006
- 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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature 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:

- 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:

W H Robbins
PO BOX 1643
Eunice, NM 88231

J-26

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

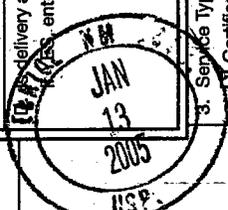
COMPLETE THIS SECTION ON DELIVERY

A. Signature *Evelyn 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
Form 3811, February 2004
102595-02-M-1540
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 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
102595-02-M-1540
Domestic Return Receipt

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:

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

BD J-26

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

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:

NM IMT - 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

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 *[Signature]*
B. Received by (Printed Name) *[Signature]*
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
 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:

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 *[Signature]*
B. Received by (Printed Name) *[Signature]*
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, 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 *[Signature]*
B. Received by (Printed Name) *[Signature]*
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, 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-526

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 *[Signature]*
B. Received by (Printed Name) *[Signature]*
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
 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 Addressed to: Addressee

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 36867
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 No

Article Number (Transfer from service label) 7005 1620 0001 6804 3298 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:
Falls Properties Inc
PO Drawer T
Elephant Butte, NM 87935

Article Number (Transfer from service label) 7005 1620 0001 6804 3298 Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed to: Addressee

B. Received by (Printed Name) John W Hice Jr C. Date of Delivery 2-26-04

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

John W Hice Jr
PO BOX 943
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 1620 0001 6804 3526 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:
John W Hice Jr
PO BOX 943
Eunice, NM 88231

Article Number (Transfer from service label) 7005 1620 0001 6804 3526 Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed to: Addressee

B. Received by (Printed Name) Patricia S. Woods C. Date of Delivery 1-19-06

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

7005 1620 0001 6804 2208

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 1620 0001 6804 2208 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:
Jay Lazarus
PO BOX 5727
Santa Fe, NM 87502

Article Number (Transfer from service label) 7005 1620 0001 6804 2208 Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed to: Addressee

B. Received by (Printed Name) Jean Salam C. Date of Delivery 1-27-04

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

7005 1620 0001 6804 2208

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 1620 0001 6804 2208 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:
Jimmie Weir
PO BOX 184
Center Point, TX 78010

Article Number (Transfer from service label) 7005 1620 0001 6804 2208 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:

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

BDJ26

Article Number

Transfer from service label

7005 1820 0001 6804 2130

Domestic Return Receipt

Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Abba Peterson*
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:

1. Article Addressed to:

Chief
Hazardous Waste Bureau
Runnels Building
Santa Fe, NM 87504

BDJ26

Article Number

Transfer from service label

7005 1820 0001 6804 1973

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

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:

1. Article Addressed to:

Chief
Hazardous Waste Bureau
Runnels Building
Santa Fe, NM 87504

BDJ26

Article Number

Transfer from service label

7005 1820 0001 6804 1973

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:

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

BDJ26

Article Number

Transfer from service label

7005 1820 0001 6804 2215

Domestic Return Receipt

Form 3811, February 2004

102595-02-M-1540

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:

1. Article Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

BDJ26

Article Number

Transfer from service label

7005 1820 0001 6804 2093

Domestic Return Receipt

PS 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:

1. Article Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

BDJ26

Article Number

Transfer from service label

7005 1820 0001 6804 2093

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:
Tom Kennan
PO BOX 202
Eunice, NM 88231

1. Article Addressed to:

2. Article Number (Transfer from service label) 7005 1820 0001 6804 3540
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) 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:
Attorney General's Office
PO BOX 1508
Santa Fe, NM 87504

1. Article Addressed to:

2. Article Number (Transfer from service label) 7005 1820 0001 6804 2062
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *JA* 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:
Joel W Sisk
PO BOX 1013
Eunice, NM 88231

1. Article Addressed to:

2. Article Number (Transfer from service label) 7005 1820 0001 6804 3670
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) 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:
Phifer Hollis
PO BOX 38
Eunice, NM 88231

1. Article Addressed to:

2. Article Number (Transfer from service label) 7005 1820 0001 6804 3601
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) 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X M. Finn Addressee

B. Received by (Printed Name) Date of Delivery
 M. Finn

C. Date of Delivery
 3/7/01

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 2185
 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

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-1515

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 John A. Tucker Addressee

B. Received by (Printed Name) Date of Delivery
 John A. Tucker

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 2239
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1515

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X [Signature] Addressee

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

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

Article Number
 Transfer from service label) 7005 1820 0001 6804 2079
 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:

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

BDJ-26

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 2081
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1515

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Katilee Addressee

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

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

Article Number
 Transfer from service label) 7005 1820 0001 6804 2081
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1515

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

Article Number (transfer from service label)

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

7005 1820 0001 6804 7197

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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. Richard F Anderson BDJ-26
 City, State, ZIP+4 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 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. Restricted Delivery? (Extra Fee) Yes

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:

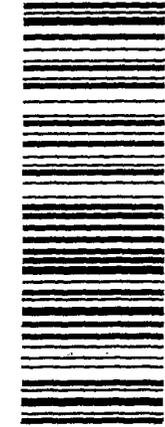
Richard F Anderson
 2900 Vista Del Rey #20C
 Albuquerque, NM 87112

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004
 7005 1820 0001 6804 7173 Domestic Return Receipt

CERTIFIED MAIL™



7005 1820 0001 6804 7173



1600 U.S. POSTAGE
 0053#04-640 MAR 01 2006
 8957 MAIL SERVICE

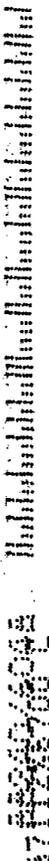
RICE Operating Company
 122 West Taylor
 Hobbs, NM 88240

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



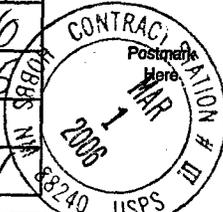
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7005 1820 0001 6804 7180

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
 RD-526

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

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.
 Restricted Delivery? (Extra Fee) Yes

4. Restricted Delivery? (Extra Fee) Yes

Article Number: 7005 1820 0001 6804 7180
 (Transfer from service label)
 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:

E A Smith
 PO Box 97
 Eunice, NM 88231

RD-526

2. Article Number

7005 1820 0001 6804 7180

PS Form 3811, February 2004

RICE Operating Company

122 West Taylor
 Hobbs, NM 88240



1029
 0063604640 MAR 01 2006
 HOBBS, NM 88240

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Returned
- Attempted - Not Known
- No Such Street
- Number
- Vacant
- Inhabitable
- No First Recipient
- No First Recipient
- Error Check 3 - No Order
- Error Check 3 - No Order
- Error Check 3 - No Order
- Postage Due
- Postage Due

FORWARDING ORDER EXPIRED

E A Smith
 PO Box 97
 Eunice, NM 88231

MAR 13 2006
 RICE OPERATING COMPANY
 HOBBS, NM



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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Sharon Martin 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

BD J-26

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 7210

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.

1. Article Addressed to:

Glen A Teague
 PO Box 533
 Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Glen Teague 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

BD J-26

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 7494

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.

1. Article Addressed to:

Johnston Construction Inc
 PO Drawer 1769
 Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Patricia Coy Addressee

B. Received by (Printed Name) C. Date of Delivery
PATRICIA COY *3-3-06*

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

BD J-26

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 7203

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.

1. Article Addressed to:

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

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 5001

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mitch Tyree* Agent
 Addressee

B. Received by (Printed Name)

Mitch Tyree

C. Date of Delivery

4/3/06

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:

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

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 8101

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tommie Williams* 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

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.

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, Daniel Russell

Editor

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

of _____

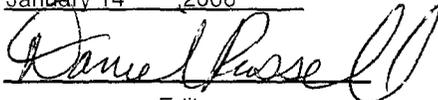
1 issue(s).

Beginning with the issue dated5

January 14, 2006

and ending with the issue dated

January 14, 2006

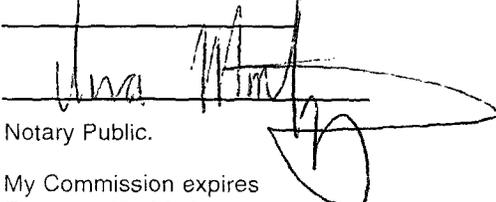


Editor

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, 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_____.

[Signature]
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:

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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

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 *J-26*
 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) Date of Delivery
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

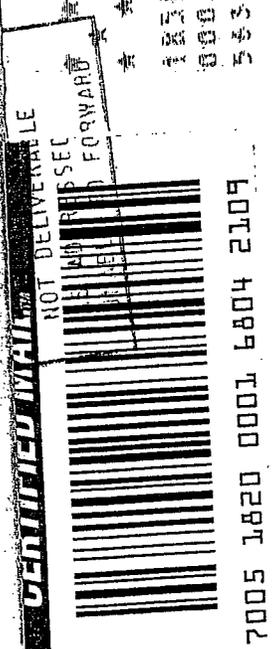
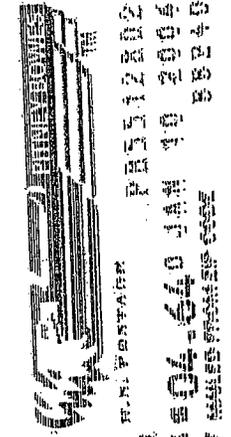
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail G.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

Article Number: 7005 1820 0001 6804 2109
 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

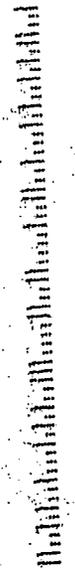
2. Article Number:
 (Transfer from service label) 7005 1820 0001 6804 2109
 PS Form 3811, February 2004



RICE *Operating Compu*
 122 West Taylor
 Hobbs, NM 88240

RECEIVED
 JAN 23 2006
 RICE OPERATING
 HOBBS, NM

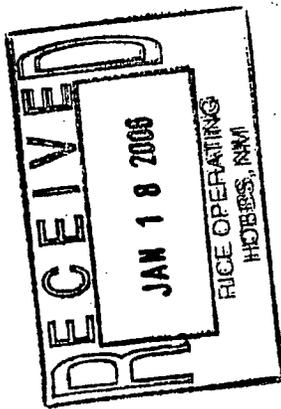
USFS Regional Office
 Reginal Forester
 517 Gold Avenue SW
 Albuquerque, NM 87102



RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 3731



0053604 420 JAN 10 2006
5678 MAIL ROOM 555

- 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 2nd For Better Address
 - Postage Due

John B Stewart
PO BOX 657
Eunice, NM 88231



CERTIFIED MAIL

7005 1820 0001 6804 3731

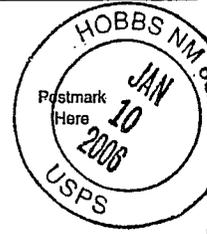
CERTIFIED MAIL™ RECEIPT

(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) 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

- 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

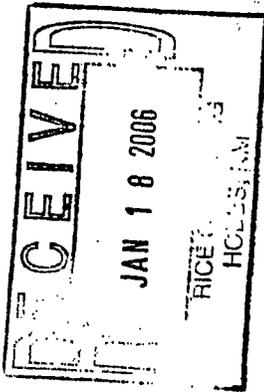
2. Article Number (Transfer from service label): 7005 1820 0001 6804 3731

102595-02-M-1540

Domestic Return Receipt

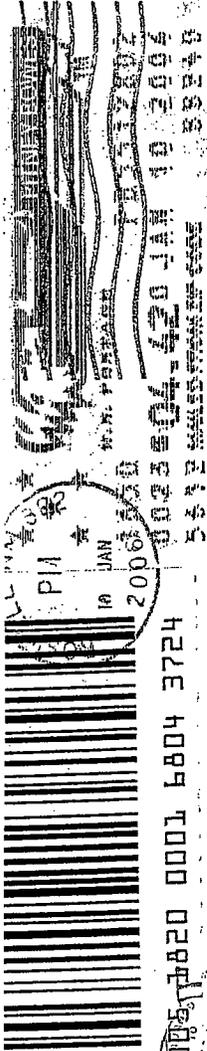
PS Form 3811, February 2004

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 Receipt
 Box Closed - No Order
 Ret. 3rd 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	\$ 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

Postmark Here: J-26
 10 2006

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 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 Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

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

2. Article Number: 7005 1820 0001 6804 3724
 (Transfer from service label)
 PS Form 3811, February 2004

102595-02-M-1540 Domestic Return Receipt

7005 1620 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

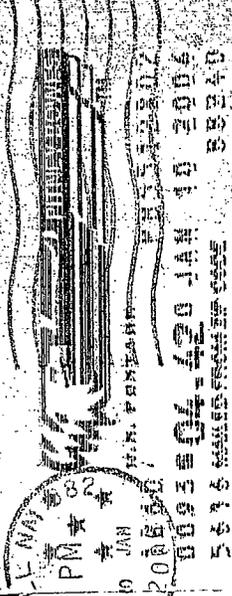
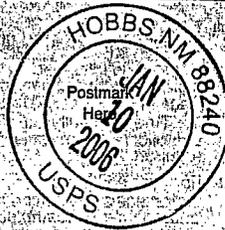
Postage	\$ 39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

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. Restricted Delivery (Extra Fee) Yes No

4. Article Number: **7005 1620 0001 6804 3786**

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:

Traci Reams
2000 N Fowler
Hobbs, NM 88240

2. Article Number

7005 1620 0001 6804 3786
 PS Form 3811, February 2004

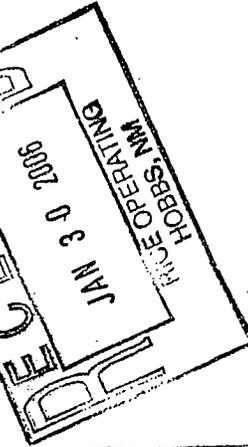
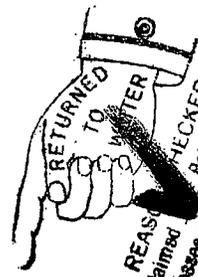
CERTIFIED MAIL™



7005 1620 0001 6804 3786

RICE Operating Company

122 West Taylor
 Hobbs, NM 88240



Traci Reams
 2000 N Fowler
 Hobbs, NM 88240

42403290 0016

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 Receipts
- Box Closed - No Order
- Return For Better Address
- Postage Due

Robert Soukup
 PO BOX 1094
 Eunice, NM 88231



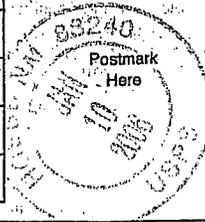
7005 1820 0001 6804 3694

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

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

OFFICIAL USE

Postage	\$ 4.39
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 5-26
 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

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

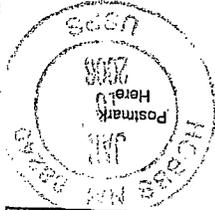
COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 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 3700
 Domestic Return Receipt 102595-02-M-1540



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

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

CERTIFIED MAIL™



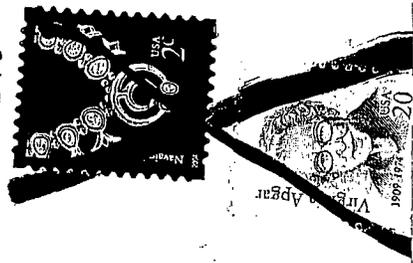
7005 1820 0001 6804 3700

POST OFFICE
 EUNICE, NM 88231
 JAN 10 2004
 0045 04 52
 5587 4450 1555 5587

- RETURN TO SENDER**
- Not Deliverable As Addressed
 - Unable To Forward
 - Insufficient Address
 - No Postage Address
 - Unclaimed
 - Refused
 - Unclaimed - Not Known
 - No Such Street
 - Number
 - Vacant
 - Ineligible
 - No Mail Receipts
 - Box Closed - No Order
 - Return For Better Address
 - Postage Due

NAME
 1st Notice *J-26*
 2nd Notice *J-26*
 Return *J-26*

Mitchel R Tyree
 PO BOX 665
 Eunice, NM 88231



Postage paid with this meter

12E 4099 T000 029T 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, 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
 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

7005 1820 0001 6804 3649
 Domestic Return Receipt
 102595-02-M-1540

RECEIVED
FEB 1 2006
PRICE OPERATING
HOBBS, NM

Postmark Here
HOBBS NM 88240
JAN 10 2006
USPS

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

Sent to
Tommie Williams
PO BOX 1355
Eunice, NM 88231
 City, State, Zip+4
 Street, Apt. No., or PO Box No.
 PS Form 3800, June 2002 See Reverse for Instructions



7005 1820 0001 6804 3649

ROSWELL, NM
 10 JUL 10 2006
 5595
 0048 804 42
 AM 10 2006
 88240

- TO RETURN TO SENDER
- Not Deliverable As Addressed
 - Unable To Forward
 - Insufficient Address
 - Moved, Left No Address
 - Unclassified
 - Refused
 - Attempted - Not Known
 - No Such Street
 - Number
 - Vacant
 - 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 1/10
 2nd Notice 1/28
 Return 1/28



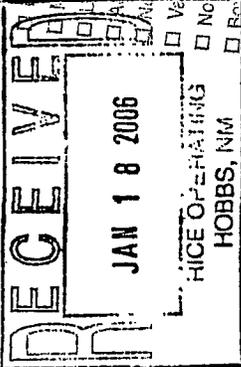
For delivery information, visit our website at www.usps.com

7005 1820 0001 6804 3649

Official use barcode

RICE Operating Company

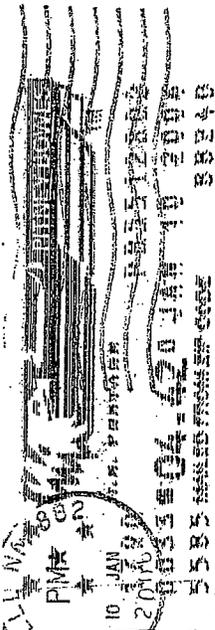
122 West Taylor
Hobbs, NM 88240



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Refused
- Unrecognized - Not Known
- Such Street
- Number
- Variant
- Illegible
- No Mail Receipts
- Closed - No Order
- Ret. 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

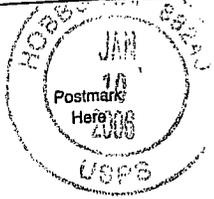
U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(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: Maria Collins
Street, Apt. No., or PO Box No.: PO BOX 781
City, State, ZIP+: Eunice, NM 88231

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

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:

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

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

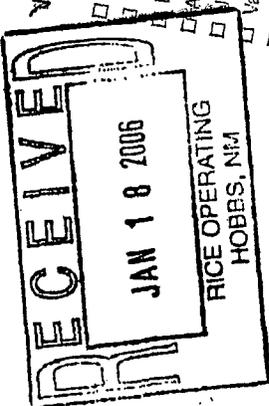
4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label): 7005 1820 0001 6804 3274

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

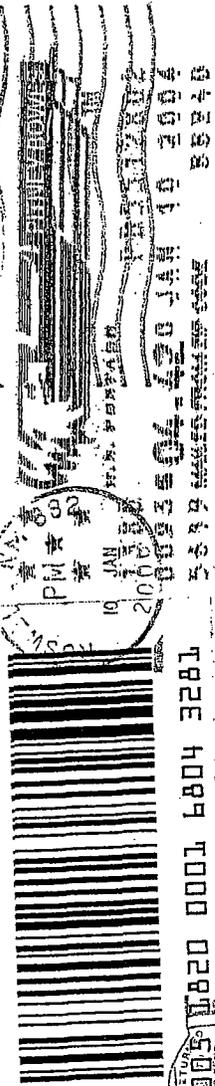
RICE Operating Company

122 West Taylor
Hobbs, NM 88240



- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- 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

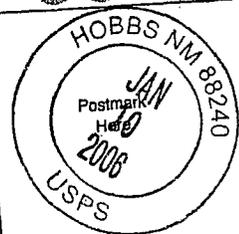


7005 1820 0001 6804 3281

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 *J-26*
 Street, Apt. No.; or PO Box No.: PO BOX 1053
 City, State, ZIP+4: Euncie, NM 88231

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS GOING OUT 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:

Richard F Anderson
PO BOX 1053
Euncie, 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

7005 1820 0001 6804 3281

(Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004

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 Inhabitable
- No Mail Receptacle
- Box Closed - No Order
- Restricted For Better Address
- Postage Due

NAME _____
 1st Notice _____
 2nd Notice _____
 Return _____

Jonhston Construction Inc
 PO BOX 837
 Eunice, NM 88231

ROSEMEL, NM 88240
 PM JAN 18 2006
 2006
 04-420 JAN 10 2006
 5622



7005 1820 0001 6804 3311

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE DESTINATION ADDRESS, PAID AT DOTTED LINE

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

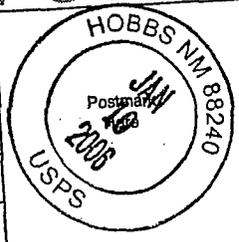
For delivery information visit our website at www.usps.com

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



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:
 Jonhston Construction Inc
 PO BOX 837
 Eunice, NM 88231

2. Article Number _____
 (Transfer from service label)

3. 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.

7005 1820 0001 6804 3311
 Domestic Return Receipt
 PS Form 3811, February 2004
 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
RIDE OPERATING
HOBBYS, NM

2. Article Number

7005 1820 0001 6804 3564

(Transfer from service label)

January 2004

Domestic Return Receipt

102595-02-M-15-40

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

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

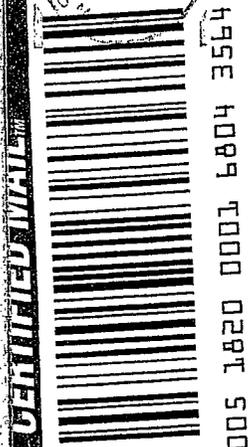
Postage	\$.39
Certified Fee	\$ 1.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 4.69
Total Postage & Fees	\$ 7.33

Sent To
Linda Nicely
PO BOX 567
Eunice, NM 88231
City, State, ZIP+4

ating Company
t Taylor
M 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
- Return For Better Address
- Postage Due



7005 1820 0001 6804 3564

CERTIFIED MAIL



Linda Nicely
PO BOX 567
Eunice, NM 88231

NAME
1st Notice 1-17-04
2nd Notice 1-22-04
Return 1-22-04

Postage Due

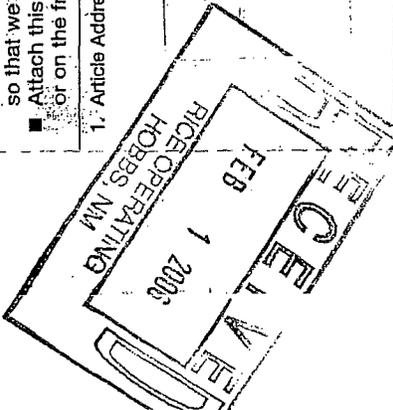
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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



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 1820 0001 6804 3496

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

OFFICIAL USE 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)	4.64
Total Postage & Fees	\$ 9.28

Sent to: G Nicely ET UX Linda J-26
 Street, Apt. No.:
 or PO Box No. PO BOX 567
 Eunice, NM 88231
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™



7005 1820 0001 6804 3496

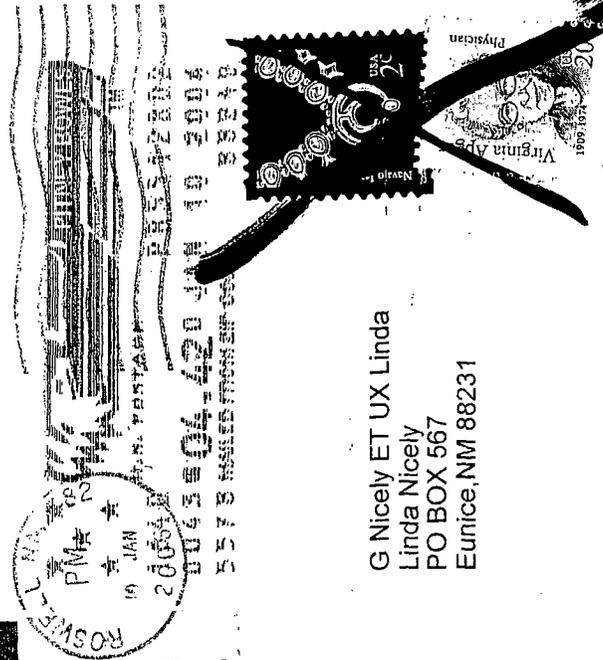
ating Compan
 Taylor
 M 88240



- 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

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

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



POSTAGE WILL BE PAID BY ADDRESSEE
 5578
 JAN 10 2006
 88231

Vertical barcode on the right edge of the envelope.

RICE

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
- Such Street Number
- Incomplete Illegible
- No Mail Recaptacle
- Box Closed - No Order
- Postage Due 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



005350420 JAN 19 2006
5580 HOBBS, NM 88240



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

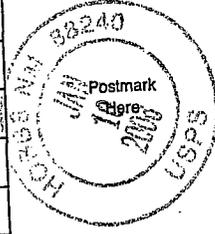
Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

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



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:

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 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 3458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

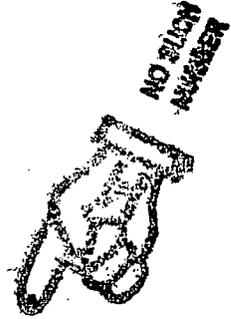
RICE

Operating Company

122 West Taylor
Hobbs, NM 88240

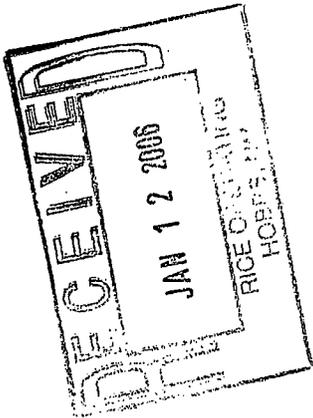


7005 1820 0001 6804 3502



NO RETURN NUMBER

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

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT AND LABEL AT TOP OF RETURN ADDRESS FOLD TO THE RIGHT

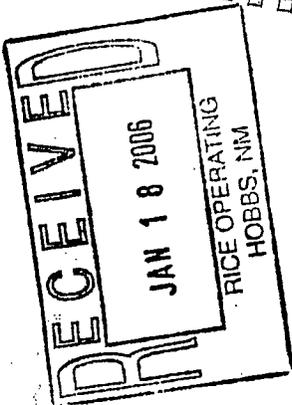
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Glen A Teague 3016 Pine Rd Hobbs, NM 88240</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>	
<p>2. 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>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input 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 <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0001 6804 3502</p>		<p>PS Form 3811, February 2004</p>	

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. For Better Address
- Postage Due

Jimmy D Martin
PO BOX 585
Eunice, NM 88231



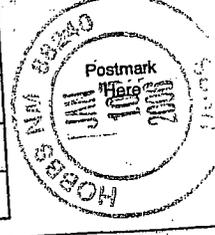
7005 1820 0001 6804 3557

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	\$ 244

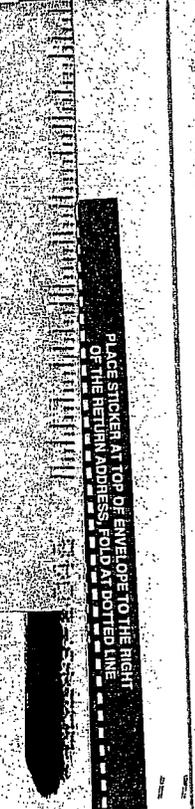


Sent To: Jimmy D Martin *J-26*

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



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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Address

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

Article Number: 7005 1820 0001 6804 3557

Transfer from service label

PS-Form 3811, February 2004

102595-02-M-15-04

RICE Operating Company
 122 West Taylor
 Hobbs, NM 88240

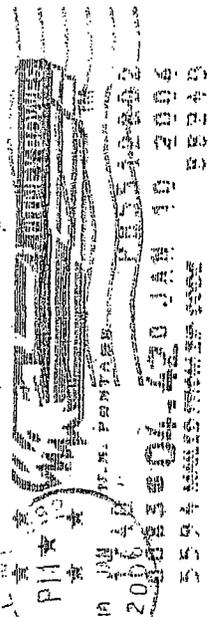
RECEIVED
 JAN 18 2006
 RICE OPERATING COMPANY
 HOBBS, NM



7005 1820 0001 6804 361A

- 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
 - Flat or Too Full For Better Address
 - Postage Due

H J Jenkins
 PO BOX 97
 Eunice, NM 88231



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

OFFICIAL USE

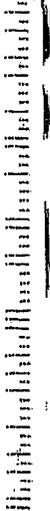
Postage	\$.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

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

Postmark: Here JAN 10 2006

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0001 6804 361



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 361A
 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 Return Receipt for Merchandise
 Registered Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

Article Number: 7005 1820 0001 6804 361A
 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, Last Known Address
 Unclaimed
 Return to Sender
 Return to Post Office
 Return to Post Office
 No Such Street
 No Such Number
 No Receptacle
 Deceased
 Vacant

Attempted - Not Known

RECEIVED
JAN 17 2006
RICE OPERATING
HOBBS, NM

OFFICIAL USE

(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)
Total Postage & Fees \$ 4.64

Postmark Here
JAN 10 2006

Sent To International Technology Corp
Street, Apt. No., or PO Box No. Mike Schulz
City, State, ZIP+4 5301 Central Avenue, NE Suite 700 Albuquerque, NM 87108

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

BD J-26

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

2. Article Number
Transfer from service 7005 1820 0001 6804 2000

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:

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

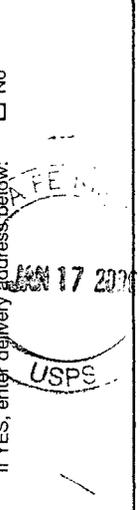
BD J-26

Article Number
(Transfer from service label) 7005 1820 0001 6804 2031
Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
W.M. Gutierrez
X Agent
B. Received by (Printed Name)
August Perez
C. Date of Delivery
JAN 17 2006
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, or on the front if space permits.

Article Addressed to:

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

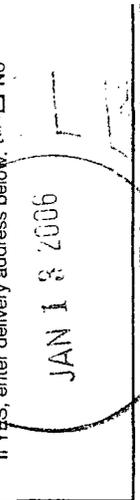
BD J-26

Article Number
(Transfer from service label) 7005 1820 0001 6804 2147
Domestic Return Receipt
Form 3811, February 2004

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
W.M. Gutierrez
X Agent
B. Received by (Printed Name)
Sign Rivera
C. Date of Delivery
JAN 18 2006
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, or on the front if space permits.

Article Addressed to:

Historic Preservation Officer Atm: Elmo Baca
East Palace Avenue
Riviera Room 101
Santa Fe, NM 87503

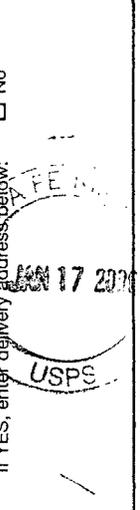
BD J-26

Article Number
(Transfer from service label) 7005 1820 0001 6804 2048
Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
W.M. Gutierrez
X Agent
B. Received by (Printed Name)
Robert D. ...
C. Date of Delivery
1/17/06
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, or on the front if space permits.

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

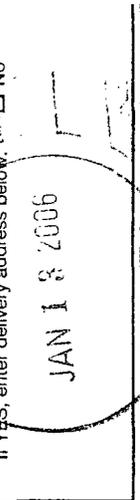
BD J-26

Article Number
(Transfer from service label) 7005 1820 0001 6804 2161
Domestic Return Receipt
Form 3811, February 2004

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
W.M. Gutierrez
X Agent
B. Received by (Printed Name)
K. McGehee
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
 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:

County Administration Office
Attn: Lue Ethridge
1001 N. Main Street, Suite 4
Birmingham, NM 88260

Article Number

7005 1820 0001 6804 5483

Domestic Return Receipt

Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
L. Onizewes
B. Received by (Printed Name)
L. ONIZEWES
C. Date of Delivery
1-11-04

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, or on the front if space permits.

Article Addressed to:

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

Article Number

7005 0390 0000 9980 3883

Domestic Return Receipt

Form 3811, February 2004

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
William O Stephens
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
 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:

Attn Marsh
PO BOX 388
Eunice, NM 88241

Article Number

7005 1820 0001 6804 2017

Domestic Return Receipt

Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
L. Onizewes
B. Received by (Printed Name)
B. Steickland-FBA
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, or on the front if space permits.

Article Addressed to:

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

Article Number

7005 1820 0001 6804 1980

Domestic Return Receipt

Form 3811, February 2004

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
L. Onizewes
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
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

AN 1 2 2006

SENDER: COMPLETE THIS SECTION

A. Signature *K. Pearce* 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:

Bobby L Pearce Trust
PO BOX 316
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

Article Number *J-26* 7005 1820 0001 6804 3656
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.
1. Article Addressed to:
Eva Owen
PO BOX 115
Eunice, NM 88231

2. Article Number *J-26* 7005 1820 0001 6804 3571
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *William O. Duke* 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

Article Number *J-26* 7005 1820 0001 6804 3571
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kathleen Parker* Agent Addressee
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:

Kathleen Parker
PO BOX 1291
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

Article Number *J-26* 7005 1820 0001 6804 3625
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.
1. Article Addressed to:
Duayne Parker
PO BOX 1334
Eunice, NM 88231

2. Article Number *J-26* 7005 1820 0001 6804 3632
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kathleen Parker* Agent Addressee
B. Received by (Printed Name) C. Date of Delivery *1-12-07*
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

Article Number *J-26* 7005 1820 0001 6804 3632
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.

1. Article Addressed to:

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

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 3335
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

Joe Allen Caperton
1-11-06

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 3335
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:

Bart D Parker
PO BOX 846
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

Article Number (Transfer from service label) 7005 1820 0001 6804 3489
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
If YES, enter delivery address below: No

Xmas Parker
1/11/06

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 3489
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.

1. Article Addressed to:

Joe Allen Caperton
PO BOX 1028
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

Article Number (Transfer from service label) 7005 1820 0001 6804 3366
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

Joe Caperton
1-11-06

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 3366
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:

Eva Owens
PO BOX 115
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

Article Number (Transfer from service label) 7005 1820 0001 6804 3472
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
If YES, enter delivery address below: No

Xmas Parker
1/11/06

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 3472
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:

Wayne Aderson
PO BOX 1491
Eunice, NM 88231

J-26

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 Agent
Wayne Aderson 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:

Richard Robinson
PO BOX 1334
Eunice, NM 88231

J-26

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 Agent
Lune Robinson Addressee
B. Received by (Printed Name) C. Date of Delivery
Lune Robinson *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.

Article Addressed to:

Ruth L Willard
PO BOX 589
Eunice, NM 88231

J-26

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 Agent
Wanda Ruth Addressee
B. Received by (Printed Name) C. Date of Delivery
Wanda Ruth *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.

Article Addressed to:

Mark Owen Estate
PO BOX 115
Eunice, NM 88231

J-26

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 Agent
Wanda Ruth 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: 7005 1820 0001 6804 3595
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Sacora Hernandez* Agent
 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.

1. Article Addressed to:
 Eddie J Harpier
 PO BOX 124
 Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3519
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Eddie J Harpier* 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.

1. Article Addressed to:
 James E Gardner
 PO BOX 1244
 Eunice, NM 88231

2. Article Number: 7005 1820 0003 6804 3342
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *James E Gardner* 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.

1. Article Addressed to:
 City of Eunice
 P.O. Box 147
 Eunice, NM 88260

2. Article Number: 7005 0390 0000 9980 3852
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Michael Brock* Agent
 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.

Article Addressed to:

Royce Crowell
PO BOX 146
Eunice, NM 88231

1. Article Addressed to:

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

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3359

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)
Royce Crowell

C. Date of Delivery
1/13/05

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:

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

1. Article Addressed to:

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

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3373

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Mary E Brewer 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.

Article Addressed to:

Calico Properties LLC
500 Zia Drive
Hobbs, NM 88240

1. Article Addressed to:

City Of Eunice
PO BOX 147
Eunice, NM 88231

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3304

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Carol Calico Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery
1/13/05

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:

City Of Eunice
PO BOX 147
Eunice, NM 88231

1. Article Addressed to:

City Of Eunice
PO BOX 147
Eunice, NM 88231

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 3304

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Mary E Brewer 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:
B W Caperton
PO BOX 931
Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3267
(Transfer from service label)
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: BW Caperton
 Agent
 Addressee

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

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: 7005 0390 0000 9980 3876
(Transfer from service label)
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

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
 If YES, enter delivery address below: 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:
Carol Thorton
PO BOX 3 Tex - NM Camp
Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3663
(Transfer from service label)
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Carol J. Weldy
 Agent
 Addressee

B. Received by (Printed Name): Carol J. Weldy
 C. Date of Delivery: 1-12-06

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: 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:
Joe Alden Bayes
PO BOX 173
Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3397
(Transfer from service label)
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

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Joe Alden Bayes
 Agent
 Addressee

B. Received by (Printed Name): Joe Alden Bayes
 C. Date of Delivery: 1-12-06

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: 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:

Richard Don Jones
PO BOX 21
Eunice, NM 88231

Article Number
7005 1820 0001 6804 3441
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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.

Article Addressed to:

Runco Inc
8100 W Alabama
Hobbs, NM 88240

Article Number
7005 1820 0001 6804 3380
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-15-

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Richard Don 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.

Article Addressed to:

Patricia House ET AL
PO BOX 3715
Midland, TX 79702

Article Number
7005 1820 0001 6804 3533
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Patricia House
B. Received by (Printed Name)
C. Date of Delivery
1/11/06

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:

Patrick McCasland
PO BOX 218
Eunice, NM 88231

Article Number
7005 1820 0001 6804 3465
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-15-

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Patrick McCasland
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

1. Article Addressed to:
Texas - New Mexico Railroad
PO BOX 409783
Atlanta, GA 30384-9783

2. Article Number: 7005 1820 0001 6804 3328
(Transfer from service label)
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): *[Signature]* Date of Delivery: *JAN 13 2006*

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
New Mexico State Hwy & Trans Dept
PO BOX 53180
Lubbock, TX 79453

2. Article Number: 7005 1820 0001 6804 3250
(Transfer from service label)
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): *[Signature]* C. Date of Delivery: *JAN 13 2006*

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Patricia House
P.O. Box 3715
Midland, TX 79702

2. Article Number: 7005 0390 0000 9980 3890
(Transfer from service label)
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): *[Signature]* C. Date of Delivery: *1/11/06*

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Kenneth V Blackwell
PO BOX 53180
Lubbock, TX 79453

2. Article Number: 7005 1820 0001 6804 3250
(Transfer from service label)
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): *[Signature]* C. Date of Delivery: *JAN 11 2006*

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Texas - New Mexico Railroad
PO BOX 409783
Atlanta, GA 30384-9783

2. Article Number: 7005 1820 0001 6804 3328
(Transfer from service label)
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): *[Signature]* C. Date of Delivery: *1/11/06*

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Patricia House
P.O. Box 3715
Midland, TX 79702

2. Article Number: 7005 0390 0000 9980 3890
(Transfer from service label)
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): *[Signature]* C. Date of Delivery: *JAN 11 2006*

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
New Mexico State Hwy & Trans Dept
PO BOX 53180
Lubbock, TX 79453

2. Article Number: 7005 1820 0001 6804 3250
(Transfer from service label)
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): *[Signature]* C. Date of Delivery: *JAN 13 2006*

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Kenneth V Blackwell
PO BOX 53180
Lubbock, TX 79453

2. Article Number: 7005 1820 0001 6804 3250
(Transfer from service label)
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): *[Signature]* C. Date of Delivery: *JAN 11 2006*

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

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

Article Number
7005 1820 0001 6804 3748
(Transfer from service label)
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Evelyn J. Robbins*
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:

Eva Toussaint
1761 Colavita
Reno, NV 89521

J-26

Article Number
7005 1820 0001 6804 3748
(Transfer from service label)
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Eva J. Toussaint*
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:

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)
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
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 *[Signature]*
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:

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)
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
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:

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)
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:

Kendrick
meay at Law
Paseo de Peralta
a Fe, NM 87501

BD 5-26

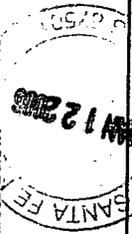
Article Number: 7005 1820 0001 6804 2154
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
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.

Article Addressed to:

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

BD 5-26

Article Number: 7005 1820 0001 6804 2123
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
B. Received by (Printed Name): Grace L. Robey
C. Date of Delivery:

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

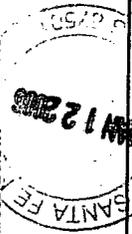


3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
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.

Article Addressed to:

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

BD 5-26

Article Number: 7005 1820 0001 6804 2123
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:

Resources Division
Engineer
an Building
a Fe, NM 87503

BD 5-26

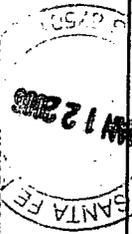
Article Number: 7005 1820 0001 6804 2178
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
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.

Article Addressed to:

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

BD 5-26

Article Number: 7005 1820 0001 6804 1997
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
B. Received by (Printed Name): Lori Jones
C. Date of Delivery: 1-13-06

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

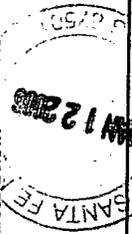


3. Service Type: Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
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.

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
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
David 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:
*P.O. Box 36869
Albuquerque, NM 87126*

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:

John W Hice Jr
PO BOX 943
Eunice, NM 88231

J-26

Article Number
7005 1820 0001 6804 3526

Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
[Name]

C. Date of Delivery
[Date]

D. Is delivery address different from item 1? Yes
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

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

BD J-26

Article Number
7005 1820 0001 6804 2208

Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
[Name]

C. Date of Delivery
[Date]

D. Is delivery address different from item 1? Yes
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

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

J-26

Article Number
7005 1820 0001 6804 2375

Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
[Name]

C. Date of Delivery
[Date]

D. Is delivery address different from item 1? Yes
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

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

BD J-26

Article Number
7005 1820 0001 6804 2208

Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
[Name]

C. Date of Delivery
[Date]

D. Is delivery address different from item 1? Yes
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

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

J-26

Article Number
7005 1820 0001 6804 2208

Domestic Return Receipt
Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature]

B. Received by (Printed Name)
[Name]

C. Date of Delivery
[Date]

D. Is delivery address different from item 1? Yes
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

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 Basin Ctrl. Forum
c/o A. Barnett
16 West 500 South, Suite 101
Cottonwood, UT 84010

BD J 26

2. Article Number: **7005 1820 0001 6804 2130**
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Nola Peterson*
 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
 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:

Chief
Hazardous Waste Bureau
Rummels Building
Santa Fe, NM 87504

BD J-26

2. Article Number: **7005 1820 0001 6804 1973**
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sig Rivera*
 Agent
 Addressee

B. Received by (Printed Name)
Sig Rivera
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:

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

BD J 26

2. Article Number: **7005 1820 0001 6804 2215**
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Colin Adams*
 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
 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:

Chief
Groundwater Bureau
Rummels Building
Santa Fe, NM 87504

BD J-26

2. Article Number: **7005 1820 0001 6804 2093**
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Sig Rivera
 Agent
 Addressee

B. Received by (Printed Name)
Sig Rivera
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:
 Attorney General's Office
 PO BOX 1508
 Santa Fe, NM 87504

2. Article Number: 7005 1820 0001 6804 2062
 (Transfer from service label)
 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

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Tom Kennan*
 Agent
 Address

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

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

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:
 Tom Kennan
 PO BOX 202
 Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3540
 (Transfer from service label)
 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

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Tom Kennan*
 Agent
 Address

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

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

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:
 Phifer Hollis
 PO BOX 38
 Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3601
 (Transfer from service label)
 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

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Phifer Hollis*
 Agent
 Address

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

C. Date of Delivery: 1-17-06

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

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:
 Joel W Sisk
 PO BOX 1013
 Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 3670
 (Transfer from service label)
 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

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Joel W Sisk*
 Agent
 Address

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

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

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, in 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: 7005 1820 0001 6804 2185
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *M. Finn* Agent Address Agent Address

B. Received by (Printed Name): *M. Finn* C. Date of Delivery: *4/17/2004*

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:

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

BDJ-26

Article Number: 7005 1820 0001 6804 2239
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John A. Lacher* Agent Address Agent Address

B. Received by (Printed Name): *John A. Lacher* C. Date of Delivery: *4/17/2004*

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

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, in the front if space permits.

Article Addressed to:

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

BDJ-26

Article Number: 7005 1820 0001 6804 2079
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Address Agent Address

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *4/17/2004*

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:

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

BDJ-26

Article Number: 7005 1820 0001 6804 2079
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Address Agent Address

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *4/17/2004*

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

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, in the front if space permits.

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 Director
 Villagra Building
 Santa Fe, NM 87503

BDJ-26

Article Number: 7005 1820 0001 6804 2079
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Address Agent Address

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *4/17/2004*

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

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Randy Hicks
 901 Rio Grande Blvd NW Suite F-142
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BDJ-26

Article Number: 7005 1820 0001 6804 2079
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Address Agent Address

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *4/17/2004*

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

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 Director
 Villagra Building
 Santa Fe, NM 87503

BDJ-26

Article Number: 7005 1820 0001 6804 2079
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Address Agent Address

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *4/17/2004*

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

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Article Addressed to:

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

BDJ-26

Article Number: 7005 1820 0001 6804 2079
 (Transfer from service label)

Domestic Return Receipt Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Address Agent Address

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *4/17/2004*

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:

Maria Collins
100 Rincor De Ramos
Rio Rancho, NM 87124

BD J-26

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten 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

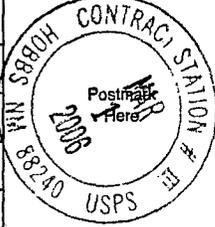
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7005 1820 0001 6804 7173

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 BDJ-26
 Street, Apt. No., or PO Box No. 2900 Vista Del Rey #20C
 City, State, ZIP+4 Albuquerque, NM 87112

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

Article Number (Transfer from service label) 7005 1820 0001 6804 7173
 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:

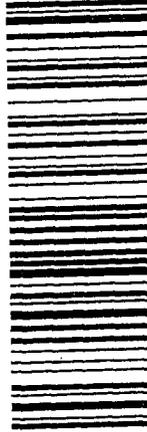
Richard F Anderson
 2900 Vista Del Rey #20C
 Albuquerque, NM 87112

BDJ-26

2. Article Number (Transfer from service label)

7005 1820 0001 6804 7173
 PS Form 3811, February 2004 Domestic Return Receipt

CERTIFIED MAIL™



7005 1820 0001 6804 7173

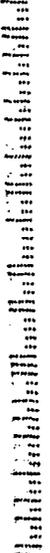
U.S. POSTAGE
 1800
 0053904-640 MAR 01 2006
 \$2.57 MAIL ROOMS-0002

LD
 3/4
 3/19
 3/19/06

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

UNCLAIMED
 TO BE RETURNED TO SENDER

UNCLAIMED



7005 1820 0001 6804 7173

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF 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

BD-J-26

2. Article Number
(Transfer from service label)
7005 1820 0001 6804 7180

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Address

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

102595-02-M-15

U.S. Postal Service™
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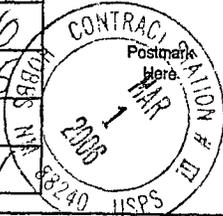
OFFICIAL USE

Postage	\$ 2.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.89
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

7005 1820 0001 6804 7180



RICE Operating Company

122 West Taylor
Hobbs, NM 88240



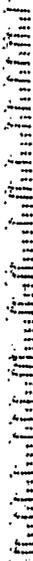
U.S. POSTAGE
1020
0063 04 640 MAR 01 2004
7005 1820 0001 6804 7180

- 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/Zip
- Mailed In Error
- No Postage Necessary
- No Postage
- No Delivery Point
- No Delivery

FORWARDING ORDER EXPIRED

E A Smith
PO Box 97
Eunice, NM 88231

68201800057944



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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
Sharon Martin
- 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

2. Article Number
(Transfer from service label)

BD 5-26
7005 1820 0001 6804 7210

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.

1. Article Addressed to:

Glen A Teague
 PO Box 533
 Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
Glen Teague
- 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

2. Article Number
(Transfer from service label)

BD 5-26
7005 1820 0001 6804 7494

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.

1. Article Addressed to:

Johnston Construction Inc
 PO Drawer 1769
 Eunice, NM 88231

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
Johnston
- B. Received by (Printed Name) C. Date of Delivery
Johnston *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

2. Article Number
(Transfer from service label)

BD 5-26
7005 1820 0001 6804 7203

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.

1. Article Addressed to:

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

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 5001

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mitchell Tyree* Agent
 Addressee

B. Received by (Printed Name)

Mitch Tyree

C. Date of Delivery

4/3/06

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

J-26

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 *Tommie Williams* 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

2. Article Number

(Transfer from service label)

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 calling 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 additional 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



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,

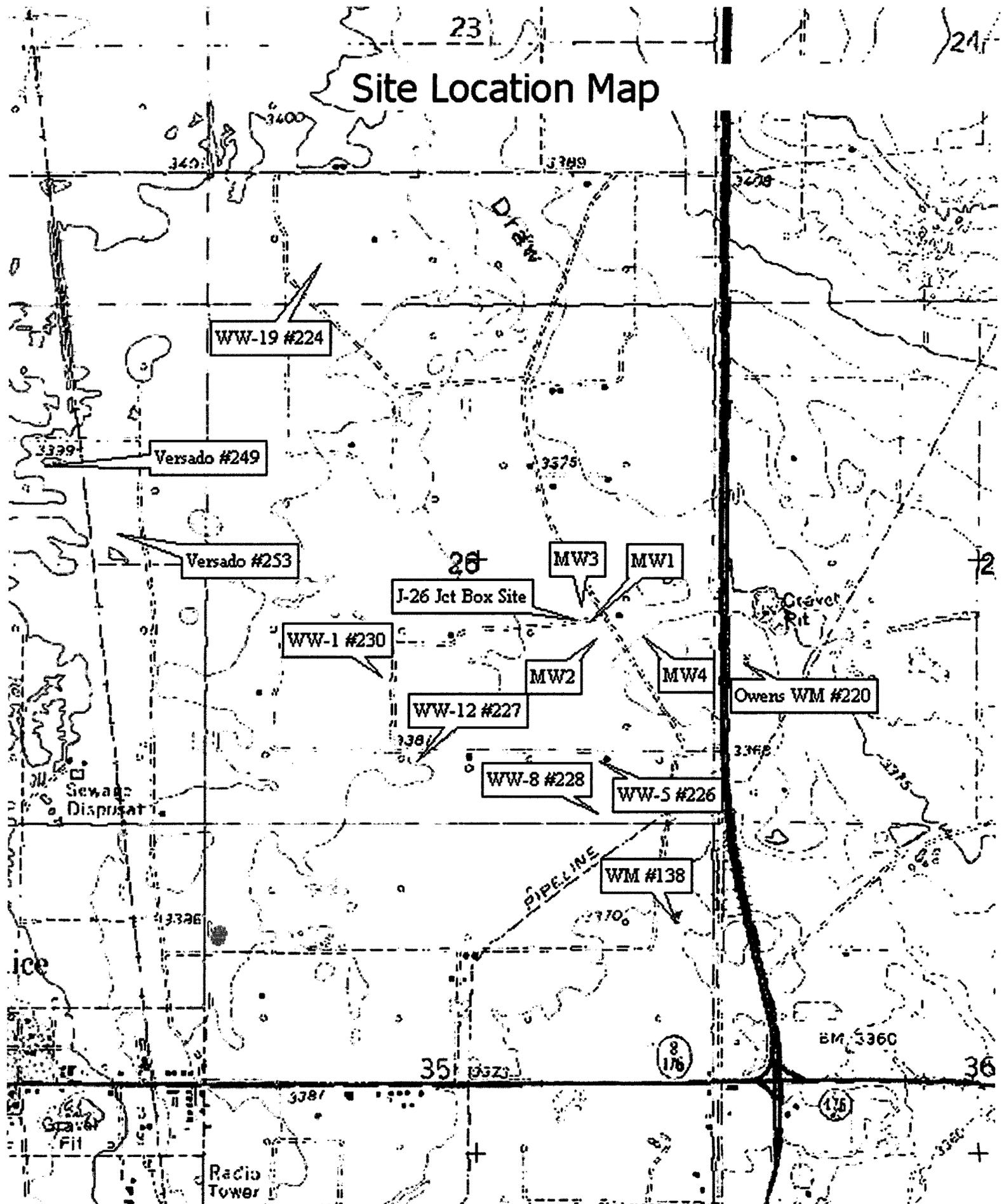


Gilbert J. Van Deventer, REM, PG, NMCS
Project Manager

cc: CDH, KFP, file

enclosures: site location map and photos

Site Location Map

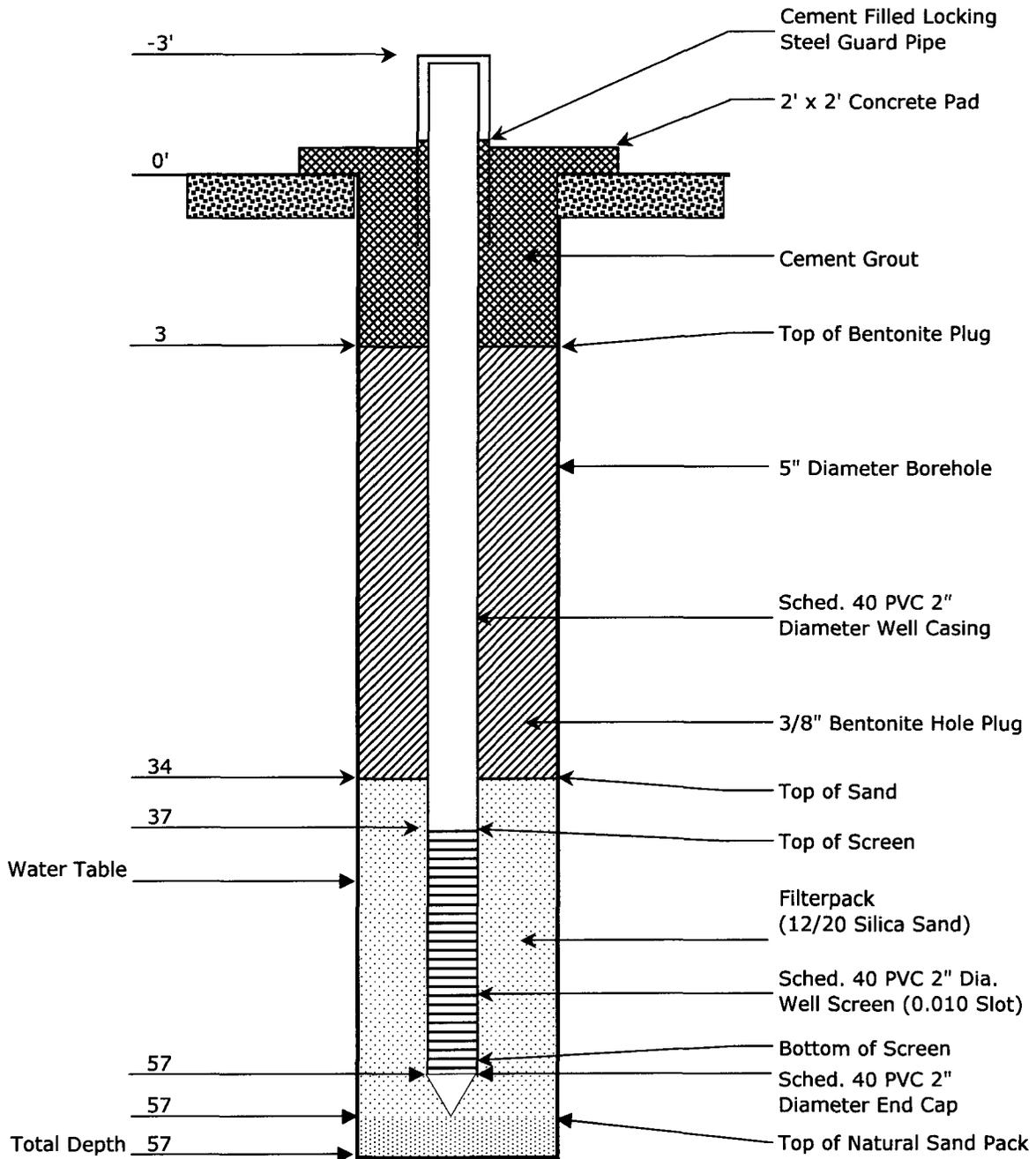


Directions: Take State Hwy 18 north 0.7 miles from Intersection with County Hwy 176. Turn left onto caliche lease road, and head west 100 yards. Turn right and continue $\frac{1}{3}$ mile to site on left side of road.

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,

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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

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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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For more information please visit <http://www.messagelabs.com/email>



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)

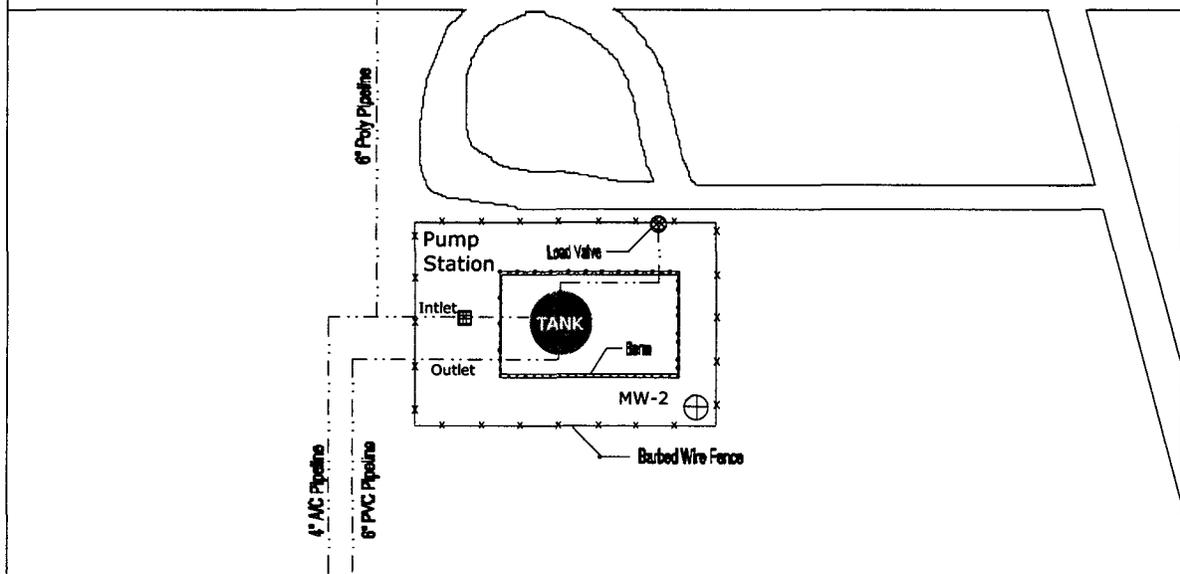
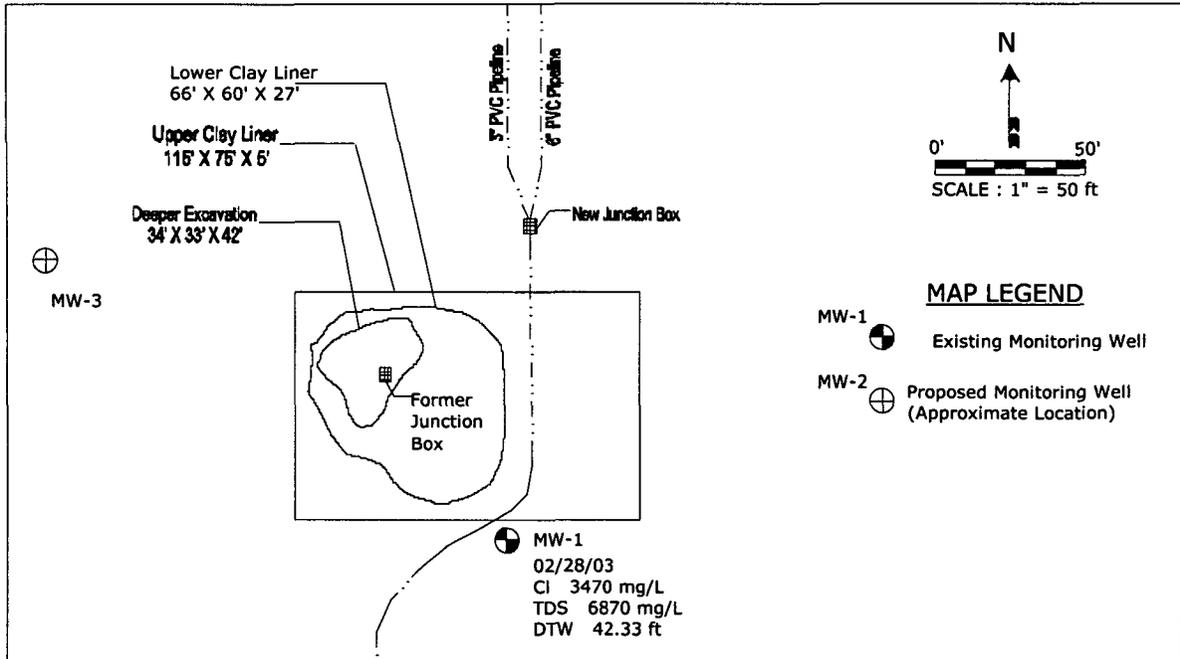
Attachments

ATTACHMENTS

ATTACHMENT A

PROPOSED MONITORING WELL LOCATION MAP

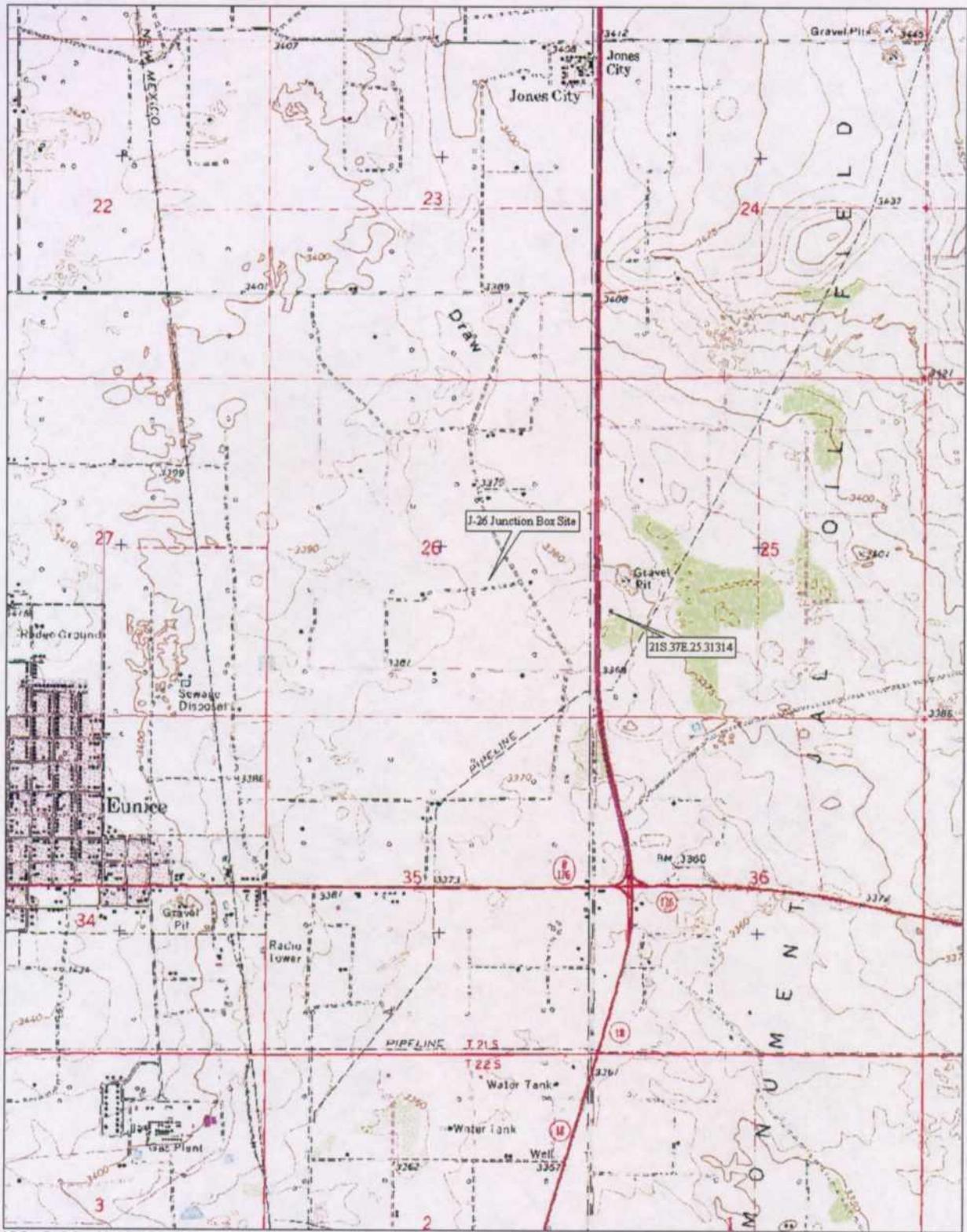
AND TOPOGRAPHIC MAP



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 Topo Quad Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS 700 ft Scale: 1 : 24,000 Detail: 1:4 Datum: WGS84

ATTACHMENT B

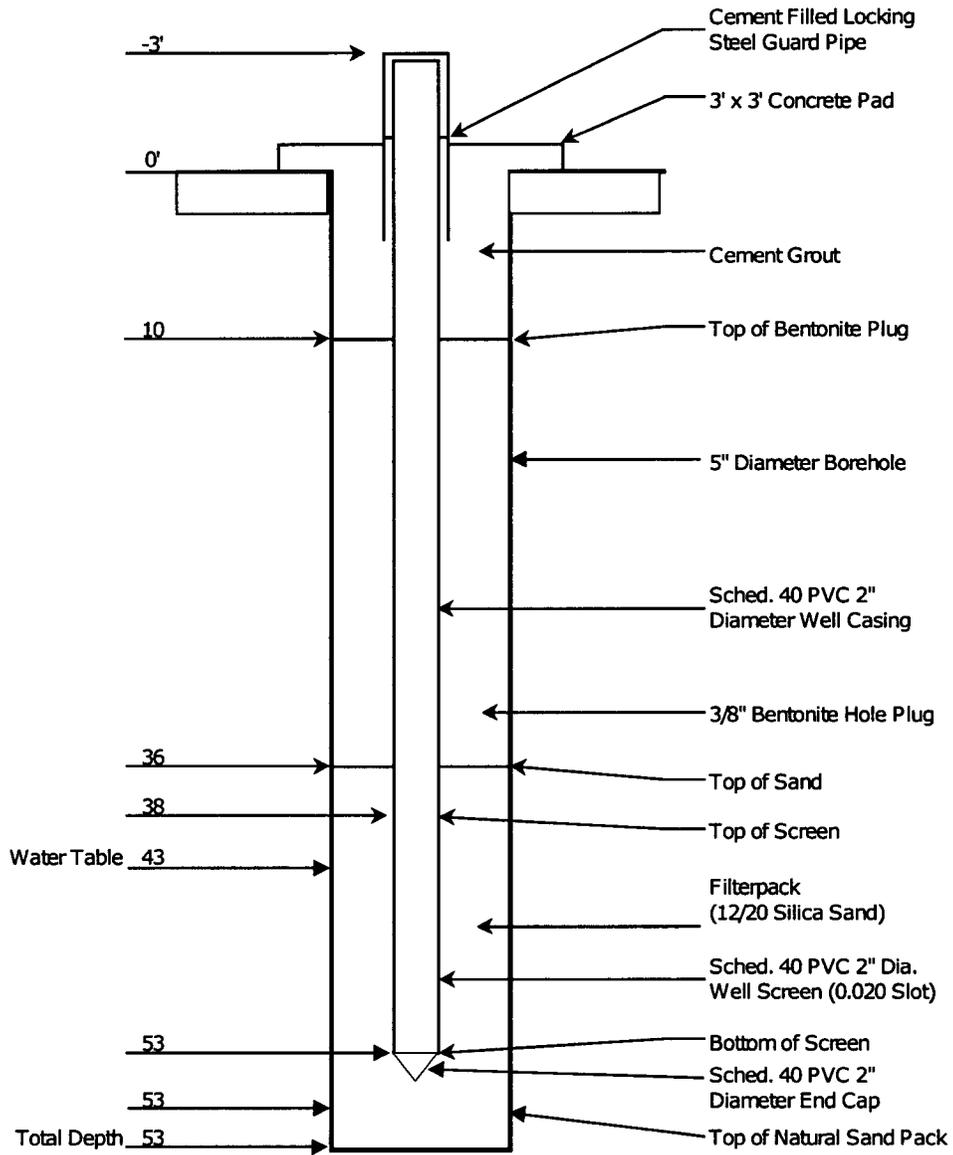
MONITORING WELL CONSTRUCTION DIAGRAM

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

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Subject: Re: BD J-26 site

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Variogram Model: Quadratic
Drift Type: Linear (Because the groundwater gradients tend to vary around a linear trend)
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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.

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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
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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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12/8/2004

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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

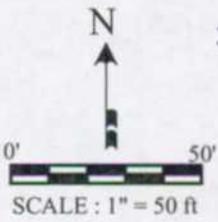
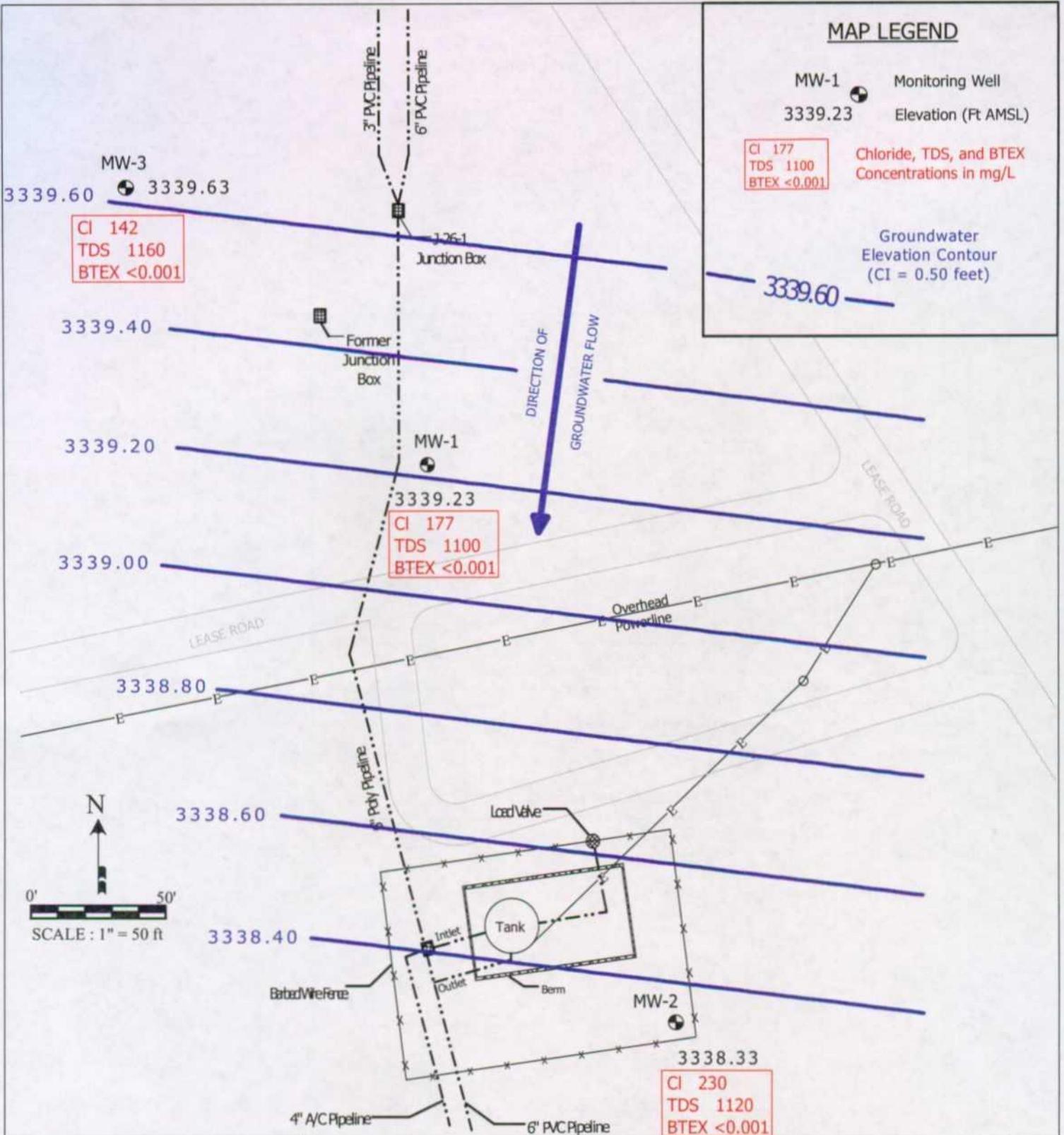
The variogram model mathematically specifies the spatial variability of the data set and the resulting grid. The interpolation weights, which are applied to data points during the grid node calculations, are direct functions of the variogram model.

MAP LEGEND

MW-1 Monitoring Well
 3339.23 Elevation (Ft AMSL)

CI 177 Chloride, TDS, and BTEX Concentrations in mg/L
 TDS 1100
 BTEX <0.001

Groundwater Elevation Contour (CI = 0.50 feet)



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)

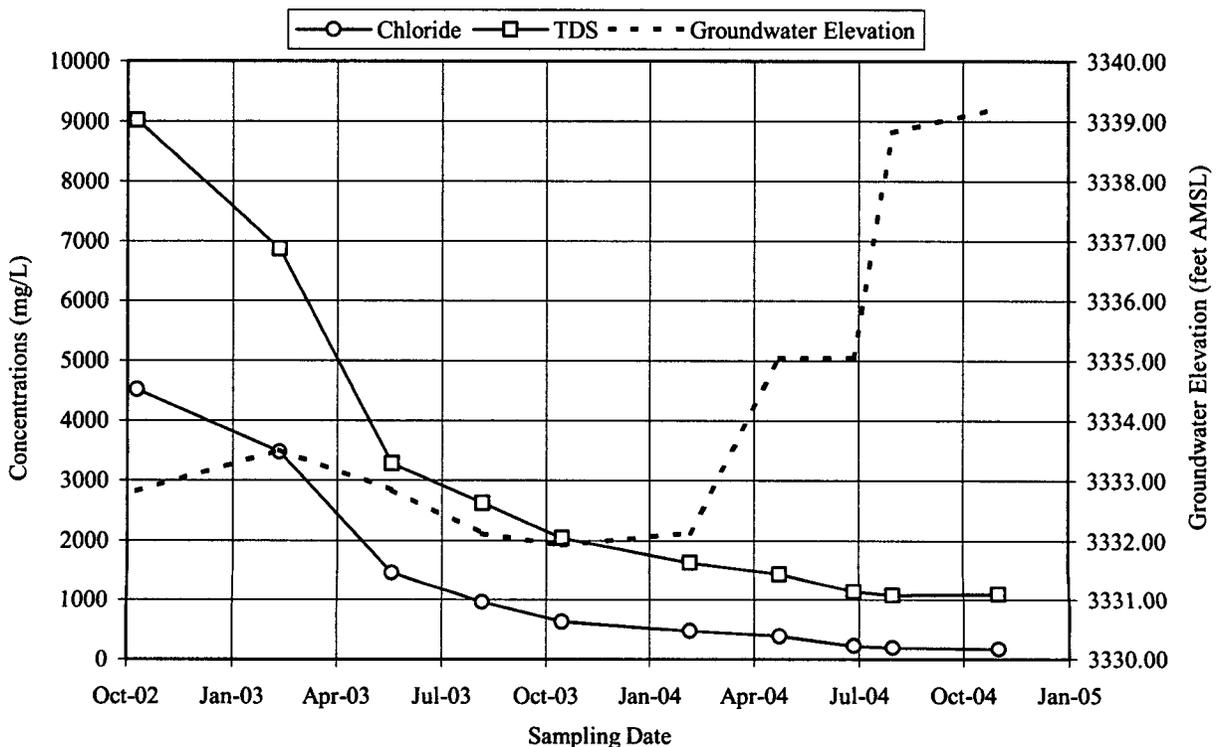


Figure 3
Chloride Concentrations Versus Time Graph

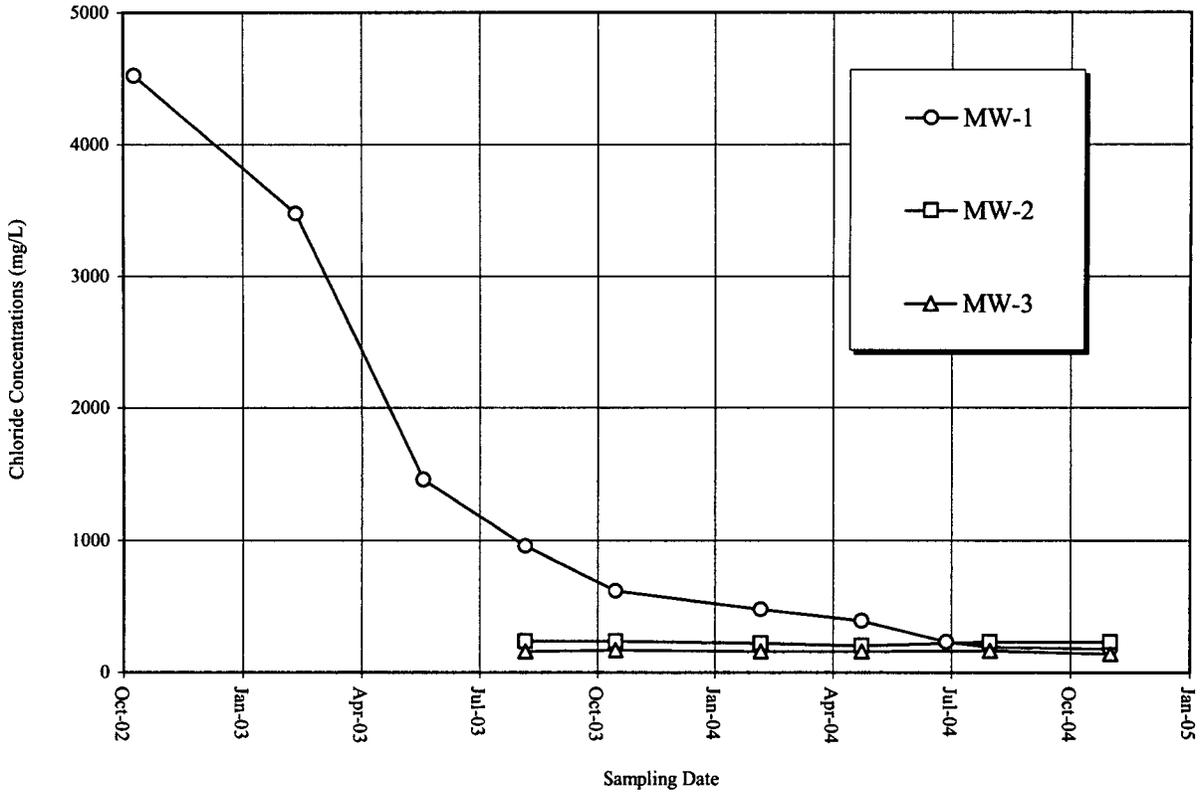
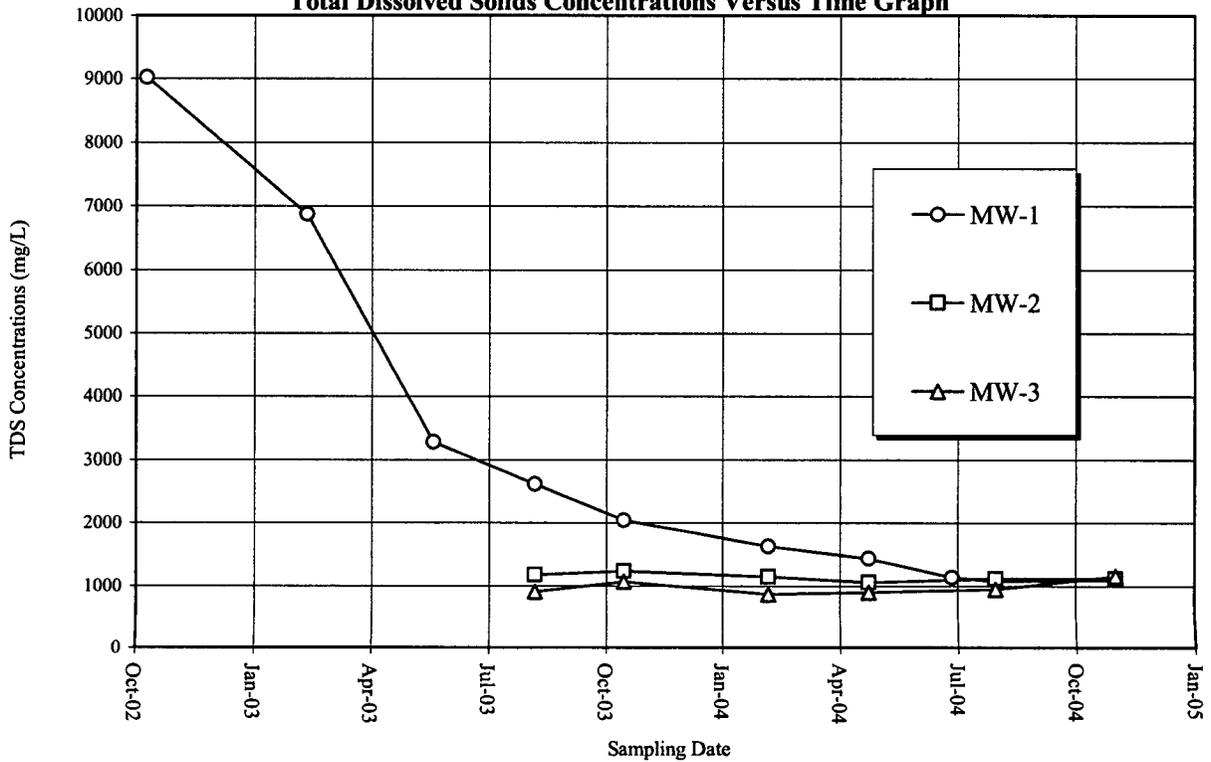


Figure 4
Total Dissolved Solids Concentrations Versus Time Graph



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 well 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)

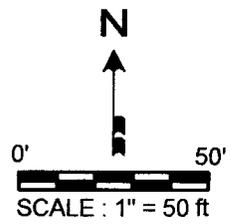
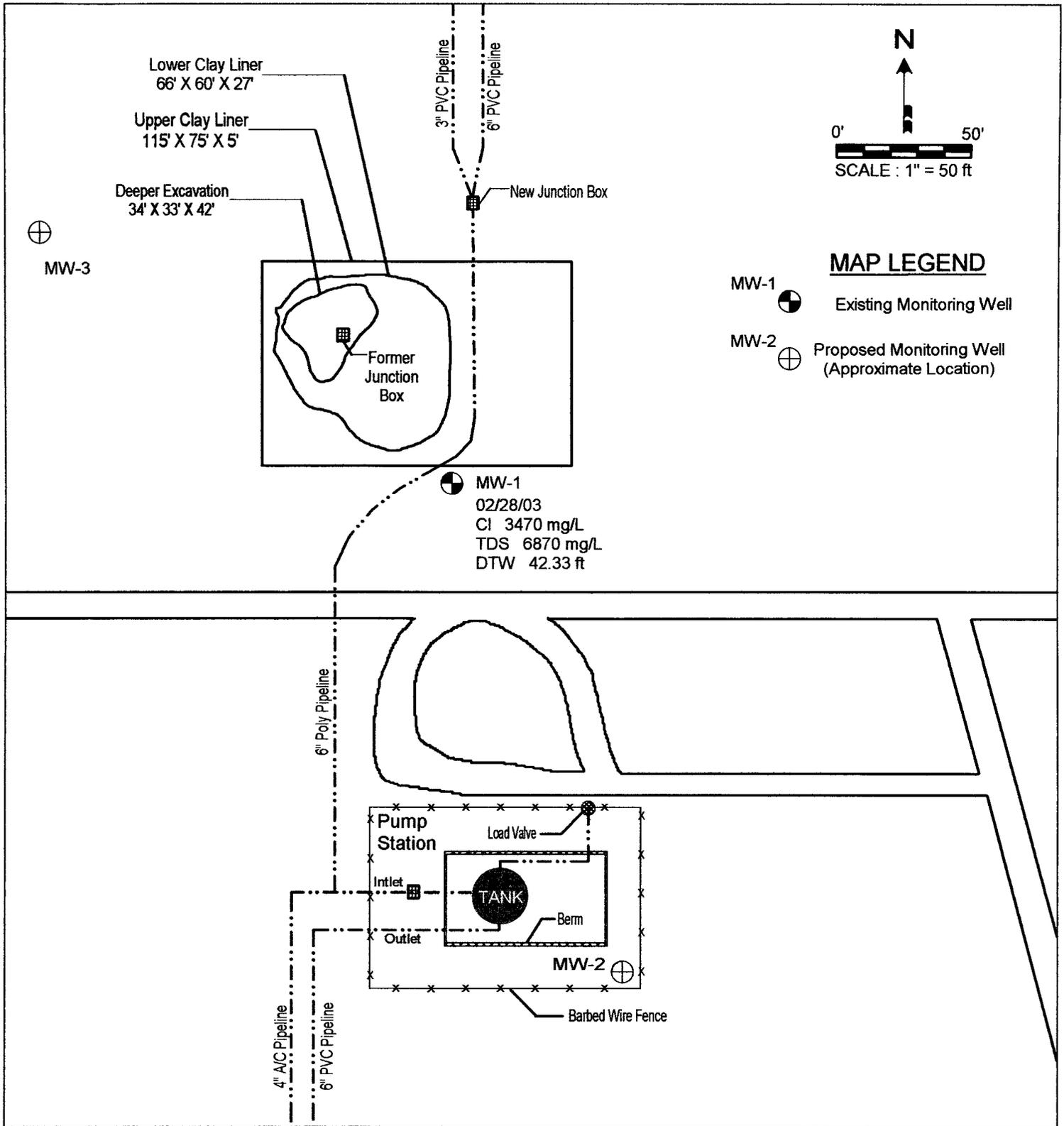
Attachments

ATTACHMENTS

ATTACHMENT A

PROPOSED MONITORING WELL LOCATION MAP

AND TOPOGRAPHIC MAP

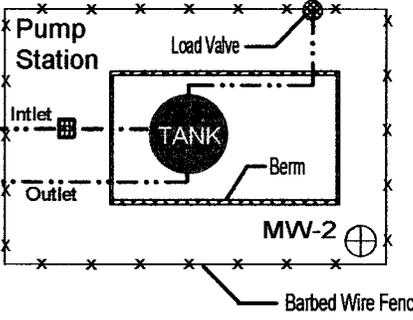


MAP LEGEND

- MW-1 Existing Monitoring Well
- MW-2 Proposed Monitoring Well (Approximate Location)

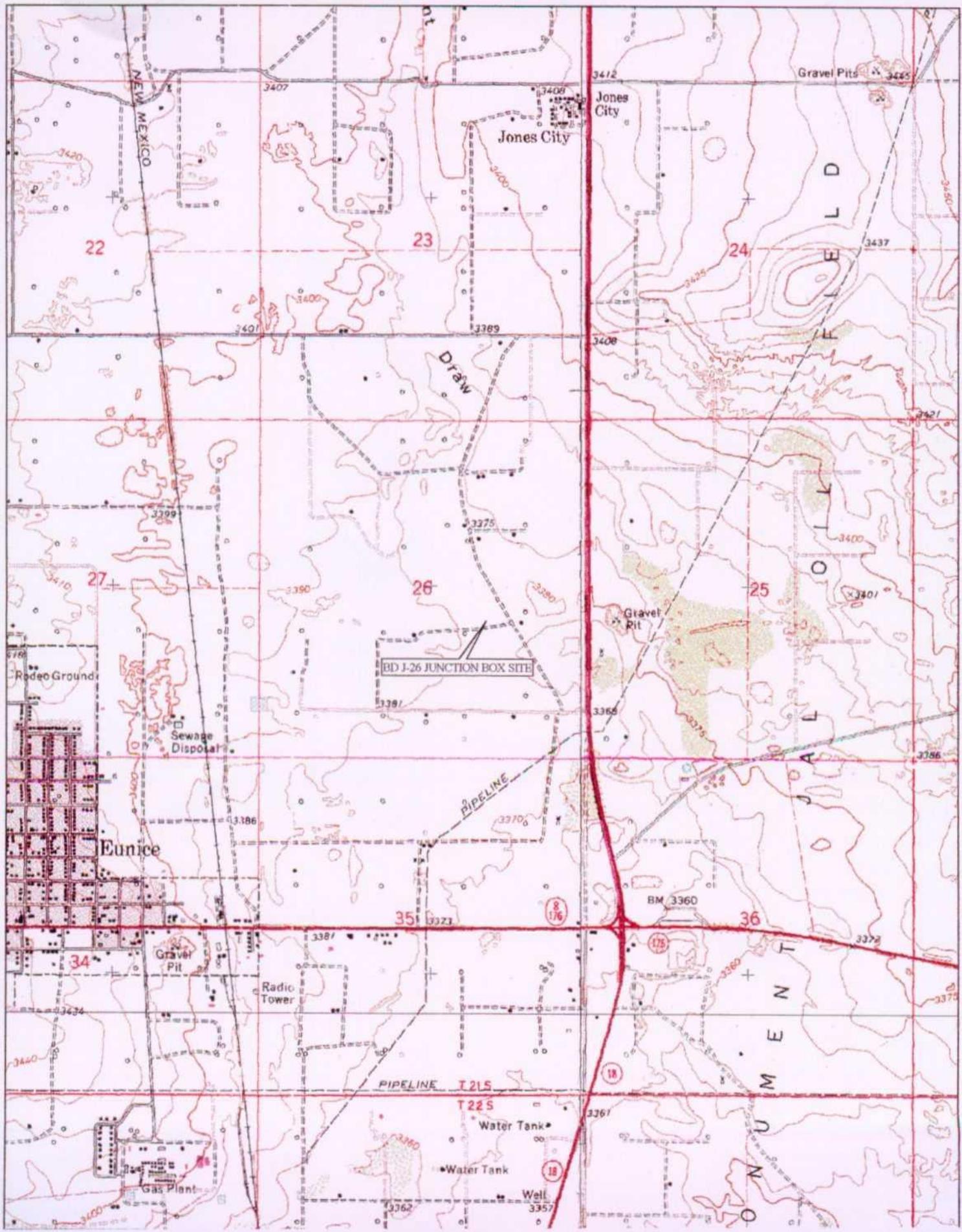
MW-1
 02/28/03
 Cl 3470 mg/L
 TDS 6870 mg/L
 DTW 42.33 ft

MW-3



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



NEW MEXICO

Jones City

Jones City

Gravel Pits

22

23

24

FIELD

27

26

25

OLL

Rodeo Grounds

BD J-26 JUNCTION BOX SITE

Gravel Pit

ALL

Eunice

PIPELINE

ALL

34

35

36

Gravel Pit

Radio Tower

BM 3360

MENT

PIPELINE T21S

T22S

Water Tank

Water Tank

Well

Gas Plant

3357

ON

ATTACHMENT B

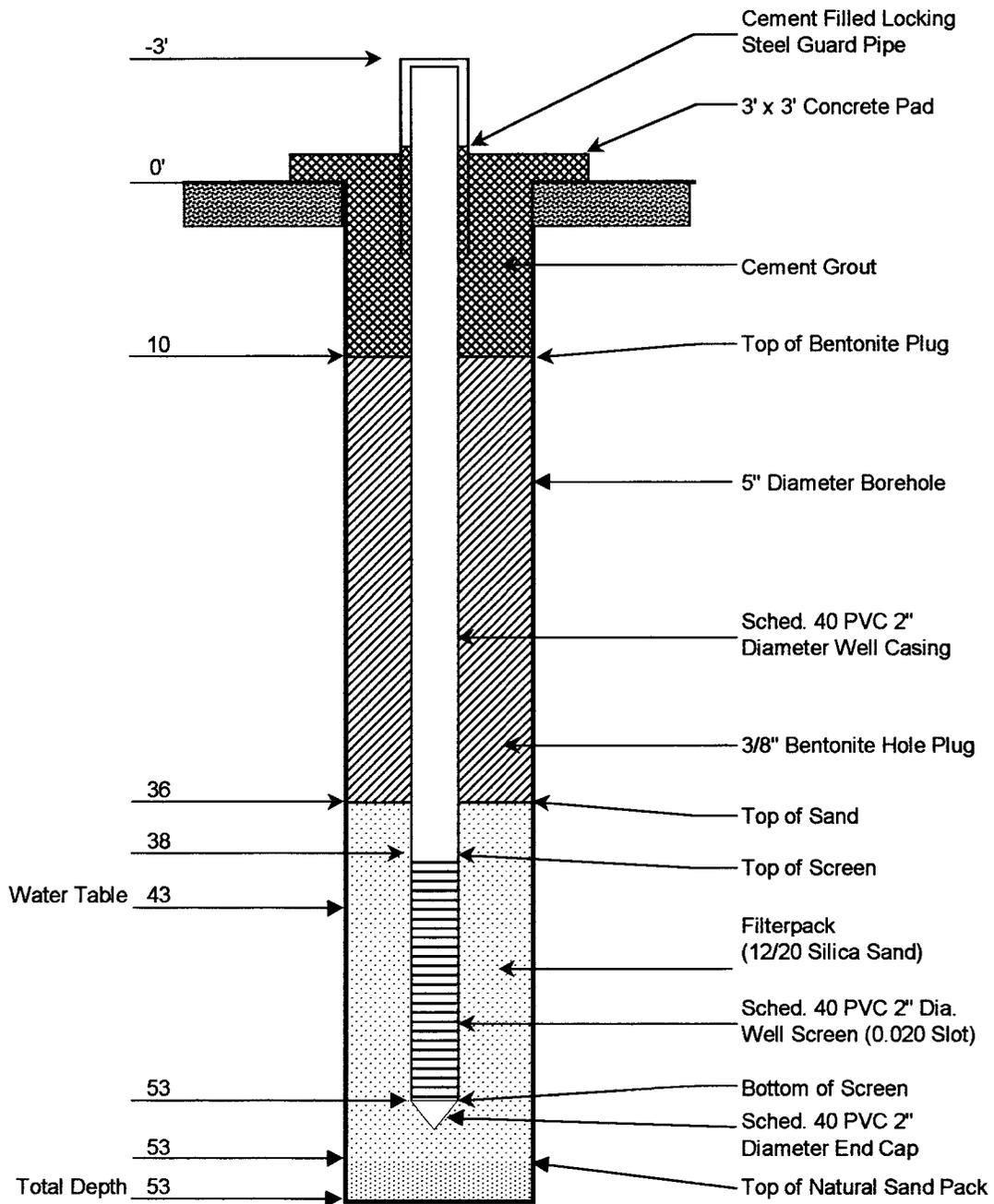
MONITORING WELL CONSTRUCTION DIAGRAM

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		Monitoring Well Construction Diagram
	DATE: 03/20/03	REV. NO.: 1	
	AUTHOR: GJV	DRAWN BY: GJV	
	CK'D BY: DTL	FILE: Well Bore 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

$$\text{Formula } V = (\pi r^2 h)$$

$$2'' \text{ well } [V/231 = \text{gal}] \times 3 = \text{Purge Volume}$$

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