

AP - 60

**GENERAL
CORRESPONDENCE**

YEAR(S):
2006-2001

Price, Wayne, EMNRD

From: Price, Wayne, EMNRD
Sent: Friday, September 29, 2006 2:27 PM
To: Carolyn Haynes; Kristin Pope; whearth@msn.com
Cc: Johnson, Larry, EMNRD
Subject: 1R047-92 case ROC K-33-1 Now AP-60

OCD approved the Stage I via E-mail on Sept 19, 2006. OCD has assigned a new Case number AP-60. Please include this on all reports. In addition, please submit the results of the stage 1 by November 15, 2006.

9/29/2006

RICE Operating Company

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

2006 JUN 5 PM 2 03
CERTIFIED MAIL

RETURN RECEIPT NO. 7005 1820 0001 6804 4110

May 31, 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: EME jct. K-33-1
PUBLIC NOTIFICATIONS
NMOCD CASE #1R0427-92

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 Whole Earth Environmental of Katy, Texas for the K-33-1 junction box site.

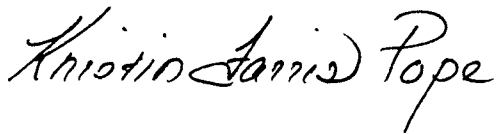
Notices were sent via certified mail to 104 landowners within the prescribed radius whose addresses were obtained from the Lea County Tax Assessor's office. Mailings were also sent to the Lea County Commission and the list of Interested Parties found on the New Mexico Oil Conservation Division (OCD) website. Some mail deliveries could not be confirmed so the document was sent via electronic mail (e-mail) or by facsimile (fax). 132 total notifications were sent and 18 parties were not available for notification. Various sources such as phone books and the internet were used to attempt to locate the landowners for which ROC did not receive confirmation of mail delivery. A summary table of these confirmations and attempts is enclosed.

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 as all reasonably available avenues were utilized in efforts to attempt to contact every landowner. Should you have any further questions regarding this request, do not hesitate to contact me. Thank you for your consideration.

ROC is the service provider (operator) for the Eunice Monument Eumont (EME) 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 cursive script that reads "Kristin Farris Pope".

Kristin Farris Pope
Project Scientist

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

cc: CDH, Whole Earth, file, Daniel Sanchez (NMOCD),

Patricia Caperton
NMOCD, District I Office
1625 N. French Drive
Hobbs, NM 88240

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KATHI BEARDEN

Publisher

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

of 1
_____ weeks.

Beginning with the issue dated

February 24 2006
and ending with the issue dated

February 24 2006

Kathi Bearden

Publisher

Sworn and subscribed to before

me this 24th day of

February 2006

Dora Montz
Notary Public.

My Commission expires
February 07, 2009
(Seal)



OFFICIAL SEAL
DORA MONTZ
NOTARY PUBLIC
STATE OF NEW MEXICO

My Commission Expires: _____

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

LEGAL NOTICE
February 24, 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 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 1220 St. Francis Dr., Santa Fe, New Mexico 87505, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Haynes, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico, has submitted a Stage 1 Abatement Plan Proposal for the K-33-1 Site located in the NE of the SW of Section 33, Township 19 South, Range 37 East, NMPM, Lea County, New Mexico. Rice Operating Company operated junction boxes at the sites. Chloride and total dissolved solids contamination in excess of New Mexico Water Quality Control Commission standards has been observed in ground water at the sites. The Stage 1 Abatement Plan Proposal addresses methods for remediation of the site including remediation of contaminated groundwater; preparation of regular remediation reports; and, a schedule for implementation of all remediation and monitoring activities.

Any interested person may obtain further information from the Oil Conservation Division and may submit comments to the Director of the Oil Conservation Division at the address given above. The Stage 1 Abatement Plan Proposal may be viewed at the above address or at the Oil Conservation Division Hobbs Office, 1625 N. French Drive, Hobbs, New Mexico 87240, Telephone (505) 393-6161. Between 8:00 a.m. and 4:00 p.m., Monday through Friday. Prior to ruling on the proposed Stage 1 Abatement Plan Proposal, 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.

#22138

COPY

01104367000 67536198
RICE OPERATING COMPANY
122 WEST TAYLOR
HOBBS, NM 88240

K-33-1

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 24 times, the first publication being on the 24th day of February, 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 24th day of February of 2006.

PRICE \$39.45

Statement to come at end of month.

ACCOUNT NUMBER C88274

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

NOTICE OF PUBLICATION

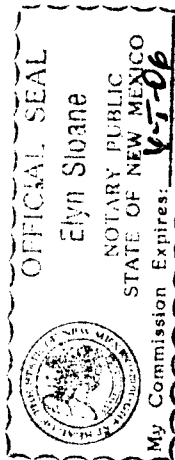
STATE OF NEW MEXICO
ENERGY, MINERALS AND
NATURAL RESOURCES
DEPARTMENT

OIL CONSERVATION DIVISION

Notice is hereby given that pursuant to New Mexico Oil Conservation Division Regulations, the following Stage 1 Abatement Plan Proposal has been submitted to the Director of the Oil Conservation Division, 1220 St. Francis Dr., Santa Fe, New Mexico, 87505, Telephone (505) 476-3440:

Rice Operating Company, Carolyn Haynes, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico, has submitted a Stage 1 Abatement Plan Proposal for the K-33-1 Site located in the NE 1/4 of the SW 1/4 of Section 37, Township 19 South, Range 37 East, NMPM, Lea County, New Mexico. Rice Operating Company operated junction boxes at the sites. Chloride and total dissolved solids contamination in excess of New Mexico Water Quality Control Commission standards has been observed in ground water at the sites. The Stage 1 Abatement Plan Proposal addresses methods for remediation of the site including remediation of contaminated groundwater, preparation of regular remediation reports; and, a schedule for implementation of all remediation and monitoring activities.

Any interested person may obtain further information from the Oil Conservation Division and may submit comments to the Director of the Oil Conservation Division at the address given above. The



COPY

EME jct. K-33-1

Unit 'K', Section 33, T19S R37E

Public Notice Mailings (2/22/2006)

Stage 1 & 2 Abatement Plan

	Landowner or Interested Party	Delivery Status			Comments
		Delivered US Mail	E-mail, Fax, or Verbal	Not Delivered	
1	Attorney General's Office P.O. Box 1508 Santa Fe, NM 87504	X			Return receipt received
2	Bruce S. Garber Attorney at Law P.O. Box 0850 Santa Fe, NM 87504-0850 Email: bsg@garbhall.com	X			Return receipt received
3	State Director Bureau of Land Management P.O. Box 27115 Santa Fe, NM 87502-0115	X			Return receipt received
4	Chief Groundwater Bureau Runnels Building Santa Fe, NM 87504 Email: Bill.Olsen@state.nm.us	X			Return receipt received
5	Chief Hazardous Waste Bureau Runnels Building Santa Fe, NM 87504 E-Mail: James.Bearzi@state.nm.us	X			Return receipt received
6	Gerald R. Zimmerman Colorado River Board of Calif. 770 Fairmont Ave., Suite 100 Glendale, CA 91203-1035 E-mail: jcc_crb@pacbell.net	X			Return receipt received
7	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
8	Department of Game & Fish Director Villagra Building Santa Fe, NM 87503	X			Return receipt received
9	Dr. Harry Bishara P.O. Box 748 Cuba, NM 78013	X			Return receipt received
10	Colin Adams Environmental Counsel Public Service Company of New Mexico 414 Silver, SW Albuquerque, NM 87158 Email: cadams@pnm.com	X			Return receipt received
11	Mike Schulz International Technology Corp. 5301 Central Avenue, NE Suite 700 Albuquerque, NM 87108 E-mail: mschulz@theitgroup.com			X	Attempted; unknown

12	Jay Lazarus P.O. Box 5727 Santa Fe, NM 87502 E-mail: Lazarus@glorietageo.com	X			Return receipt received
13	Ken Marsh CRI P.O. Box 388 Hobbs, NM 88241 E-mail: ken@crihobbs.com	X			Return receipt received
14	Lee Wilson & Associates P.O. Box 931 Santa Fe, NM 87501 E-mail: lwa@lwasf.com	X			Return receipt received
15	Ned Kendrick Attorney at Law 325 Paseo de Peralta Santa Fe, NM 87501 E-mail: ekendrick@montand.com	X			Return receipt received
16	Secretary New Mexico Environment Department P.O. Box 26110 Santa Fe, NM 87504 E-mail: Cathy.Tyson@state.nm.us	X			Return receipt received
17	Lynn Brandvold NM Bureau of Mines & Mineral Resources NM Institute of Mining & Technology Socorro, NM 87801	X			Return receipt received
18	NM Oil & Gas Association P.O. Box 1864 Santa Fe, NM 87504-1864	X			Return receipt received
19	Randy Hicks 901 Rio Grande Blvd NW, Suite F-142 Albuquerque, NM 87104 E-mail: r@rthicksconsult.com	X			Return receipt received
20	Soil and Water Conservation Bureau New Mexico Department of Agriculture Agriculture Programs and Resources Division Box 30005/APR Las Cruces, NM 88003-8005	X			Return receipt received
21	Chris Shuey Southwest Research & Information Center P.O. Box 4524 Albuquerque, NM 87106 E-mail: sricdon@earthlink.net	X			Return receipt received
22	Ron Dutton Southwestern Public Service P.O. Box 1261 Amarillo, Texas 79170 E-mail: ron.dutton@xcelenergy.com	X			Return receipt received
23	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
24	Director State Parks & Recreation 1220 S. St. Francis Santa Fe, NM 87505	X			Return receipt received

25	Field Supervisor US Fish & Wildlife Service 2105 Osuna Road NE Albuquerque, NM 87113-1001	X			Return receipt received
26	Regional Forester USFS Regional Office 517 Gold Avenue SW Albuquerque, NM 87102 E-mail: cgarcia@fs.fed.us		X		E-mailed 4/24/2006
27	State Engineer Water Resources Division Bataan Building Santa Fe, NM 87503	X			Return receipt received
28	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
29	Harry Gaither EST. c/o Ola Charlene Gaither 3164 CR 435 Seymour, TX 76380	X			Return receipt received
30	Jimmie T. & Betty B. Cooper Trust Star Rt. A, Box 55 Monument, NM 88265	X			Return receipt received
31	Glyn Mark Stone 210 W. Broadway St. Hobbs, NM 88240	X			Return receipt received
32	Manfred Barakofsky c/o Kevin Burnam P.O. Box 864 Eunice, NM 88231	X			Return receipt received
33	J.F. Mrs. Dec Dickison c/o James Byrd P.O. Box 212 Monument, NM 88265	X			Return receipt received
34	D.L. EST. Laughlin c/o Mary K. ET. Al Bowden P.O. Box 212 Bellevue, TX 76228	X			Return receipt received
35	Larry Buford 3109 Jones Lane Hobbs, NM 88240	X			Return receipt received
36	Dorotea Cadena P.O. Box 244 Eunice, NM 88231	X			Return receipt received
37	Jimmie B. Cooper P.O. Box 54 Monument, NM 88265	X			Return receipt received
38	Andrew Edmondson Jr. 323 Wagon Wheel Carlsbad, NM 88220	X			Return receipt received
39	Billy Dan Gardner P.O. Box 154 Monument, NM 88265	X			Return receipt received
40	Marilyn J. Hill P.O. Box 3 Monument, NM 88265		X		1st mailing unclaimed; phoned & spoke to Hill about notification; 2nd mailing also unclaimed

41	Dolores A. Nash P.O. Box 239 Bellevue, TX 76228			X	Attempted; not known; no such number
42	William Edwin Johnston P.O. Box 152 Monument, NM 88265	X			Return receipt received
43	Larry & Patsy Hunt P.O. Box 208 Monument, NM 88265	X			Return receipt received
44	Bessie Marie Morrow Terry Neal Morrow P.O. Box 22 Monument, NM 88265	X			Return receipt received
45	Bill & Alicia Polk 610 W. 61st Street Kansas City, MO 64113	X			Return receipt received
46	Robert L. Rodgers Jr. Star Rt. A, Box 51 Monument, NM 88265	X			Return receipt received
47	Mary Frances Rogers et al P.O. Box 172 Monument, NM 88265	X			Return receipt received
48	Rotary Wireline Service Inc. P.O. Box 2735 Hobbs, NM 88241	X			Return receipt received
49	Ralph D. Schmidt P.O. Box 1862 Socorro, NM 87801	X			Return receipt received
50	Chris James Schwertfeger et al 633 Tarryton Isle Alameda, CA 94501	X			Return receipt received
51	Thomas L. Simmons 11116 N. Bensing Dr. Hobbs, NM 88240	X			Return receipt received
52	Joe R. Williams 11405 Central Ave, NW Albuquerque, NM 87121	X			Return receipt received
53	Debra J. Evans c/o Michael L. Cox P.O. Box 1342 Hobbs, NM 88241	X			Return receipt received
54	Dale A. Antilla P.O. Box 373 Hobbs, NM 88241	X			Return receipt received
55	William E. Blackwood 7901 Monument Hwy. Hobbs, NM 88240	X			Return receipt received
56	Robert Dale Cameron P.O. Box 2 Monument, NM 88265	X			Return receipt received
57	Ronnie Davis Genevieve Davis Star Route A, Box 270 Hobbs, NM 88240			X	No reply to mailing; Unclaimed

58	James R. Dewell P.O. Box 211 Monument, NM 88265	X			Return receipt received
59	Coy R. Doyal c/o David Doyal P.O. Box 1121 Hobbs, NM 88241	X			Return receipt received
60	Jesus Javier Estrada P.O. Box 221 Monument, NM 88265	X			Return receipt received
61	David D. Middlebrook c/o Diesel Electric P.O. Box 5808 Hobbs, NM 88241	X			Return receipt received
62	Warren D. Sligar P.O. Box 2804 San Angelo, TX 76902			X	Not deliverable as addressed
63	Mark Wieser P.O. Box 206 Lovington, NM 88260	X			Return receipt received
64	Floyd W. Cody Carla L. Cody P.O. Box 29 Monument, NM 88265	X			Return receipt received
65	Roger Villalobos 131 E. Green Acres Hobbs, NM 88240	X			Return receipt received
66	BLM Carlsbad Field Office Jim Amos 620 East Greene Street Carlsbad, NM 88220	X			Return receipt received
67	James Dellis Barber Estate First National Bank P.O. Box 1347 Colorado City, TX 78512	X			Return receipt received
68	S & W Cattle Company Trent Stradley P.O. Box 1800 Hobbs, NM 88240	X			Return receipt received
69	NM State Land Office Gilbert Borrego P.O. Box 1148 Santa Fe, NM 87504	X			return receipt received; also e-mailed Thaddeus Kostrubala
70	Laughlin, ME Est. Reeves Elsie Laughlin P.O. Box 90706 White Mountain Lake, AZ 85912	X			Return receipt received
71	Mike Allen c/o Alex Gonzalez P.O. Box 4 Summers, AR 72769 0004	X			Return receipt received
72	Ralph A. Koenig 2847 E. 49th St. Tulsa, OK 74105		X		Phoned; faxed on 4/25/2006
73	Jimmie L. Nolen P.O. Box 31 Monument, NM 88265	X			Return receipt received

74	Hobbs Municipal Schools P.O. Box 1030 Hobbs, NM 88241	X			Return receipt received
75	Frank D. Gardner Box 34 Monument, NM 88265	X			Return receipt received
76	Lawrence E. Cochran 406 Crestview Tucumcari, NM 88401	X			Return receipt received
77	L. S. Dickerson Rodney B. Mapp P.O. Box 8 Monument, NM 88265	X			Return receipt received
78	Jimmie D. Smith P.O. Box 1493 Lovington, NM 88260	X			Return receipt received
79	Evanjelina Valdez c/o Alex Gonzales 320 W. Roxana Hobbs, NM 88240	X			Return receipt received
80	Monument Baptist Church P.O. Box 151 Monument, NM 88265	X			Return receipt received
81	Culp Properties Linwood Securities TR: Commerce Bank J. Snyder TR P.O. Box 419248 Kansas City, MO 64141			X	Nothing returned
82	Mark A. Webb Star Route A, Box 40 Monument, NM 88265	X			Return receipt received
83	David V. Campbell Marsha A. Campbell P.O. Box 14 Monument, NM 88265	X			Return receipt received
84	D. C. Jackson Est. Amerada Hess/ Property Tax Dept. P.O. Box 2040 Houston, TX 77252-2040	X			Return receipt received
85	M.C. Whorter, ME Est. J.C. or Donna Milner 5911 Green Springs Dr. Houston, TX 77066	X			Phoned; return receipt received for 2nd mailing
86	Edith M. Price Robert Bruce Price HCR # 3 Box N-1 Del Rio, TX 78840 (830) 775-9465		X		No reply; called R. Price on 5/11/06; said he didn't want anything to do with the inherited property and is waiting for the county to seize it.
87	George L. & Low Mann JE Diego T. Zavala 1400 E. Dunnam St. Hobbs, NM 88240 6711		X		Did not receive mail receipt; called Zavala @ 393-3376 & mailed again 5/12/06
88	Virgil Stephens P.O. Box 181 Monument, NM 88265	X			Return receipt received
89	Billy R. Cannedy P.O. Box 270 Timberon, NM 88350 0270	X			Return receipt received

90	Amerada Hess Room 1541/ Property Tax Dept PO Box 2040 Houston, TX 77252	X			Return receipt received
91	Richard Ray Likes Donna Sue Likes 5930 E. Frontier. Hobbs, NM 88240			X	Nothing returned
92	Steve D. Matthews 4119 West Alabama Hobbs, NM 88240	X			Return receipt received
93	Jerry W. & Diana M. Bryan 1620 S. 14th Sp B Hobbs, NM 88240			X	Not deliverable as addressed; unable to forward
94	McGrail, M. H. Est. Harding & Carbone Inc. 3903 Bellaire Blvd. Houston, TX 778025		X		faxed on 5/8/2006 to (713) 664-2928
95	L. C. Perkins Jr. 2118 N. Rojo Hobbs, NM 88240	X			Return receipt received
96	W. R. Gottshall Sr. P.O. Box 598 Hobbs, NM 88241	X			Return receipt received
97	American Legion Post # 49 Attn: Terry Hoyer 319 E. Dunham Hobbs, NM 88240	X			Return receipt received for 2nd mailing
98	Panagopoulos Enterprise LLC 929 Lee Trevino Blvd. Belen, NM 87002	X			Return receipt received
99	Ora Lovina Jackson P.O. Box 12024 Odessa, TX 79768			X	Nothing returned
100	J. F. Mrs. Dec Diskison ADA Mrs. Marti c/o 307 Austin St. Levelland, TX 79336			X	Nothing returned
101	Sandra Fielder 5825 Bailey Lane Amarillo, TX 79118			X	Nothing returned
102	Heidi C. Barton et al 2214 N. Cielo Hobbs, NM 88240			X	No reply to mailing; unclaimed
103	United Artists Realty Company P.O. Box 5227 Englewood, CO 880155 5227	X			No reply to 1st mailing, called & confirmed address; replied via e-mail to 2nd mailing
104	Jack L. Williams P.O. Box 168 Monument, NM 88265			X	No reply to mailing; unclaimed
105	Dee H. Couch P.O. Box 23 Monument, NM 88265	X			Return receipt received
106	Margaret Jeanette Bates Box 167 Monument, NM 88265	X			Return receipt received

107	Tommy G. Lame P.O. Box B Monument, NM 88265	X			Return receipt received
108	Patricia Kay Rucker 3125 N. Cibola Hobbs, NM 88240	X			spoke to her husband (392-8484) & Rucker at work (393-4007); return receipt received for 2nd mailing
109	Mary Lou Thomas 1943 N. Grimes B-213 Hobbs, NM 88240			X	Nothing returned
110	Lonnie A. G. Watson P.O. Box 626 Bovina, TX 79009 0626	X			Return receipt received
111	V. A. Carnaha c/o David Ellison 4125 North Cortez Hobbs, NM 88240	X			Return receipt received
112	Rosie Lee & Ray Miller 200 Cope Place Hobbs, NM 88240			X	Nothing returned
113	Mary Lou Moody 1943 N. Grimes B-213 Hobbs, NM 88240			X	Nothing returned
114	Evelyn Betts 1516 N. Denson Hobbs, NM 88240			X	Returned/ Ms. Betts Deceased
115	Bobby J. Smith P.O. Box 158 Monument, NM 88265	X			Return receipt received
116	Curt Howard Hugh Couch P.O. Box 23 Monument, NM 88265	X			Return receipt received
117	Texaco Exploration & Prod. Inc. Tax Dept. 1941 P.O. Box 1404 Houston, TX 77251		X		e-mailed to Denise Beckham @ Chevron Texaco on 5/24/06
118	Diller Inc. 362 Davis Ave. #3 Greenwich, CT 06830			X	Nothing returned
119	John W. Daniel P.O. Box 165 Monument, NM 88265	X			Return receipt received
120	John S. Petty P.O. Box 35 Monument, NM 88265	X			Return receipt received
121	Billy Gilber 444 N. Gila Springs Chandler, AZ 85226			X	Attempted not known; no such number
122	George A. Graham Jr. & Janene G. Jenike P.O. Box 1020 Artesia, NM 88211	X			Return receipt received
123	Gloria Gay Caudle P.O. Box 886 Jal, NM 88252	X			Return receipt received

124	Church of Christ, Monument P.O. Box 301 Monument, NM 88265		X		Church no longer operating; notified Hobbs Church of Christ by phone
125	Patricia Ann Williamson 105 Wharf St. Whitney, TX 76692	X			Return receipt received
126	Donald T. Gracey 1916 Steven Dr. Hobbs, NM 88240	X			Return receipt received
127	James Irvin Boyd P.O. Box 121 Eunice, NM 88231	X			Return receipt received
128	Robert J. & Sheri L. Vickers P.O. Box 1065 Artesia, NM 88210	X			Return receipt received
129	Entrust Administration Inc. Greg P. Herrera P.O. Box 25 Monument, NM 88265	X			Return receipt received
130	SDJ's Properties LLC P.O. Box 908 El Dorado, TX 76936	X			Return receipt received
131	Gerald Anderson P.O. Box 1462 Eunice, NM 88231	X			Return receipt received
132	Clyde E. Frazier 3296 Eagle Point West Ave Belton, TX 76513	X			Return receipt received
TOTALS		106	9	18	



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

RICE Operating Company

Fax

COPY

To: Ralph A. Koenig

From: Kristin Pope

ATTN:

Date: 4-25-2006

Fax: (918) 747-4239

Pages: 2

Re: Public Notice

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Here is the public notice document that we spoke of on the phone this morning. Feel free to call with any questions. ✓

KP

IF YOU DO NOT RECEIVE ALL THE PAGES INCLUDED, PLEASE CALL THE OFFICE PHONE NUMBER LISTED AT THE TOP OF THIS PAGE.

HP Officejet 7310
Personal Printer/Fax/Copier/Scanner

Log for
Kristin Farris Pope
5056280227
Apr 25 2006 2:01PM

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Apr 25	2:00PM	Fax Sent	19187474239	0:52	2	OK

Kristin Pope

From: "Christina M Garcia" <cgarcia@fs.fed.us>
To: "Kristin Pope" <kpope@riceswd.com>
Sent: Monday, April 24, 2006 2:53 PM
Subject: Rule 19 Public Notice (K-33-1)

Return Receipt

Your Rule 19 Public Notice (K-33-1)
document:

was Christina M Garcia/R3/USDAFS
received
by:

at: 04/24/2006 14:53:17

4/24/2006

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO	2003
CONNECTION TEL	17136642928
SUBADDRESS	
CONNECTION ID	HARDING & CARBON
ST. TIME	05/08 12:23
USAGE T	00'23
PGS. SENT	2
RESULT	OK

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

RICE *Operating Company*

Fax

To: Harding And Carbone, Inc.

From: Kristin Farris Pope

ATTN:

Date: 5-8-2006

Fax: (713) 664-2928

Pages: 2

Re: Property owned by Harding & Carbone
 near Monument, New Mexico.

☒ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

You are receiving this document because Harding & Carbone Inc. is listed by the Lea County Tax Assessor's Office as a landowner near Monument, New Mexico. The attached document serves as Public Notice for the Abatement Plan submitted to the Oil Conservation Division (OCD) for the referenced site.

Should you have any comments or questions, please contact me or the New Mexico OCD. Thank you.

Kristin Farris Pope, Project Scientist

Kristin Pope

From: "Kristin Pope" <kpope@riceswd.com>
To: <dkbe@chevron.com>
Sent: Wednesday, May 24, 2006 10:49 AM
Attach: K-33-1 Public Notice.doc
Subject: Rule 19 public notice

Ms. Beckham,

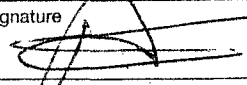
Chevron-Texaco is a landowner within the prescribed radius of public notice requirements for a groundwater-impacted site near Monument. In accordance with the NMOCD Rule 19, ROC must provide proof of notice to landowners within the radius. The attached document was originally mailed to the tax dept. on February 22, 2006 but a return receipt was not received. Can you direct me to the appropriate environmental staff that I should send this document to? Thank you.

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

5/31/2006

7005 1820 0001 6804 4189

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i> For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	—
Total Postage & Fees	\$ 4.64
Sent To United Artists Theatre Company Street, Apt. No., or PO Box No. 9110 E. Nichols Ave., Ste. 200 City, State, ZIP+4 [®] Englewood, CO 80110	

SENDER: COMPLETE THIS SECTION <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) R. Johnson C. Date of Delivery 5/11 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: United Artists Theatre Co. 9110 E. Nichols Ave. Suite 200 Englewood, CO 80110		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 1820 0001 6804 4189	

RICE

Operating Company

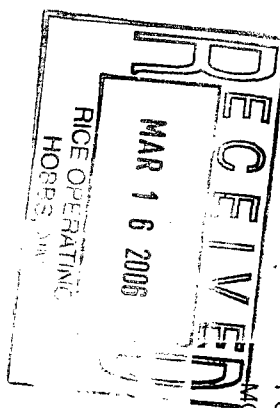
122 West Taylor
Hobbs, NM 88240

7005 1820 0001 6804 6077

U.S. POSTAGE
1420
00835 04-640 FEB 22 2006
6723 SALTSTON NM 88240

RETURNED TO SENDER
UNDELIVERED
NO ADDRESS
LEFT NO ADDRESS
UNDELIVERED
NO SUCH STREET
NO SUCH NUMBER

2/23
3/13



MARILYN J HILL
PO BOX 3
MONUMENT NM 88265

(F)

st
Attempt
Correct
Address

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

MARILYN J HILL
PO BOX 3
MONUMENT NM 88265

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Marilyn J Hill* ☐ Agent ☐ Addressee
- B. Received by *Hill* ☐ Date of Delivery *3/16/06*
- 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

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6077

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

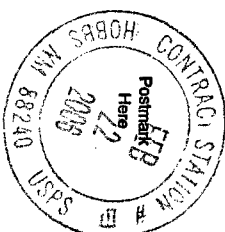
U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(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
MARILYN J HILL
PO BOX 3
MONUMENT NM 88265

PS Form 3800, June 2002 See Reverse for Instructions

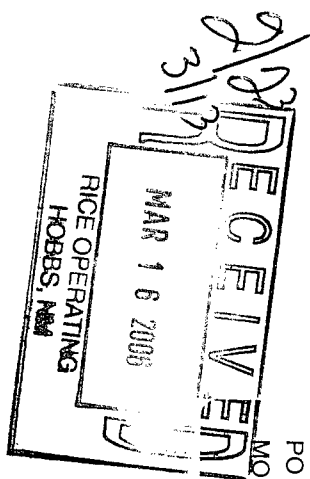
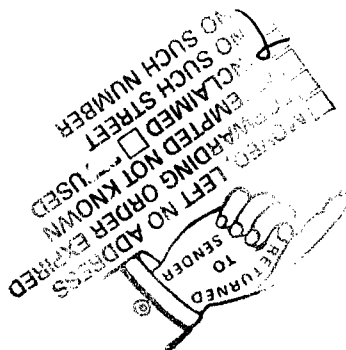
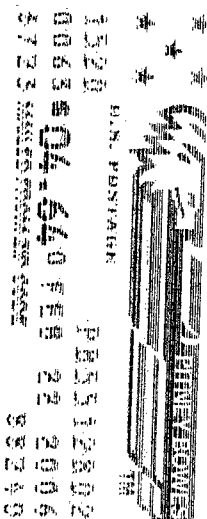
RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 6275



MARILYN J HILL
PO BOX A
MONUMENT NM 88265

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.

1. Article Addressed to:

2. Article Number (Transfer from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

MARILYN J HILL
PO BOX A
MONUMENT NM 88265

K-33-1

7005 1820 0001 6804 6275

102595-02-M-1540

U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

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

OFFICIAL USE

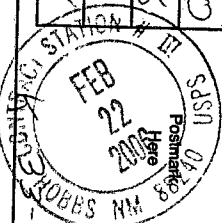
Postage \$ 39

Certified Fee 2.40

Return Receipt Fee (Endorsement Required) 1.85

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.64



Sent To
MARILYN J HILL
PO BOX A
MONUMENT NM 88265

PS Form 3800, June 2002

See Reverse for Instructions

Incorrect Address

1st Attempt

PS Form 3800, June 2002
See Reverse for Instructions

Sent To: Roger Villalobos
Street, Apt. No.: 131 E. Green Acres
City, State, ZIP+4: Hobbs, NM 88240



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

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 4134

11, February 2004 Domestic Return Receipt 102595-02-M-1540

iber 7005 1820 0001 6804 4134

Addressed to: Villalobos, Green Acres, NM 88240

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse can return the card to you. is card to the back of the mailpiece, front if space permits.

COMPLETE THIS SECTION

A. Signature ☒ Reyes Villalobos
B. Received by (Printed Name) Reyes Villalobos
C. Date of Delivery 4/26/06
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

COMPLETE THIS SECTION ON DELIVERY

2. Article Number 7005 1820 0001 6804 4165 (Transfer from service label)

1. Article Addressed to: Terry Hoge
American Legion Post #49
319 E. Durham
Hobbs, NM 88240

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *5-11-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to: Terry Hoge
American Legion Post #49
319 E. Durham
Hobbs, NM 88240

2. Article Addressed to: Terry Hoge
American Legion Post #49
319 E. Durham
Hobbs, NM 88240

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *5-11-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2. Article Number 7005 1820 0001 6804 4158 (Transfer from service label)

1. Article Addressed to: M.C. Whorter Estate
c/o Donna Milner
5911 Green Springs Dr.
Houston, TX 77066

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *5-11-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to: M.C. Whorter Estate
c/o Donna Milner
5911 Green Springs Dr.
Houston, TX 77066

2. Article Addressed to: M.C. Whorter Estate
c/o Donna Milner
5911 Green Springs Dr.
Houston, TX 77066

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *5-11-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2. Article Number 7005 1820 0001 6804 4363 (Transfer from service label)

1. Article Addressed to: Patricia Rucker
3125 N. Cibola St.
Hobbs, NM 88240

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *5-12-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to: Patricia Rucker
3125 N. Cibola St.
Hobbs, NM 88240

2. Article Addressed to: Patricia Rucker
3125 N. Cibola St.
Hobbs, NM 88240

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *5-12-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RICE

Operating Company

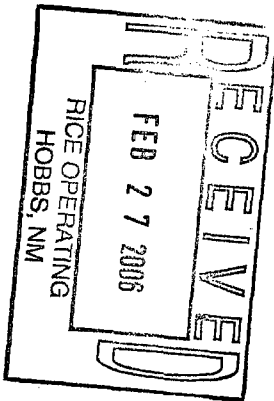
122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 6893

1120
0023 04-640 FEB 22 2006
6582 128802
88240

2/23/06
RICE #05



Received

EVELYN BETTS
1516 N DENSON
HOBBS NM 88240

NAME
1st Notice 2/23
2nd Notice
Return

NEVER DETACHED FROM RECEIPT. IF THE RECEIPT IS DETACHED, THE POSTAGE WILL BE REFUNDABLE TO THE POSTAL SERVICE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

EVELYN BETTS
1516 N DENSON
HOBBS NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

☐ Yes
☐ No

3. Service Type

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7005 1820 0001 6804 6893

Domestic Return Receipt

PS Form 3800, June 2002

See Reverse for Instructions

City, State, ZIP+4

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

Sent to

EVELYN BETTS

1516 N DENSON

HOBBS NM 88240

K-33-1

Postage \$ 39

Return Receipt Fee \$ 2.40

Restricted Delivery Fee \$ 1.85

Total Postage & Fees \$ 4.64

CONTRACT

FEB 22 2006

HOBBS NM 88240

OFFICIAL USE

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

(Domestic Mail Only; No Insurance Coverage Provided)

7005 1820 0001 6804 6893

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Laughlin, M.E. Est
Reeves Elsie Laughlin
P.O. Box 90706
White MTN Lake, AZ 85912

K-33-1

2. Article Number

(Transfer from service label)

7005

0390

0000

9980

3098

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:

JESUS JAVIER ESTRADA
PO BOX 221
MONUMENT NM 88265

K-33-1

2. Article Number

(Transfer from service label)

7005

1820

0001

6804

6091

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Elsie Reeves* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *ELSIE REEVES* ☐ Date of Delivery *2/11/06*
- 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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *[Signature]* ☐ Date of Delivery *2/11/06*
- 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.

1. Article Addressed to:

CHRIS JAMES SCHWERTFEGER ET AL
633 TARRYTON ISLE
ALAMEDA CA 94501

K-33-1

2. Article Number

(Transfer from service label)

7005

1820

0001

6804

6039

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

BESSIE MARIE MORROW
TERRY NEAL MORROW
PO BOX 22
MONUMENT NM 88265

K-33-1

2. Article Number

(Transfer from service label)

7005

1820

0001

6804

5995

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Chris Schwertfeger* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Chris Schwertfeger* ☐ Date of Delivery *2/11/06*
- 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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Bessie Marie Morrow* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Bessie Marie Morrow* ☐ Date of Delivery *2/11/06*
- 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.

1. Article Addressed to:

DONALD T GRACEY
1916 STEVEN DR
✓
HOBBS NM 88240

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6312

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:

MARY FRANCES ROGERS ET AL
PO BOX 172
MONUMENT NM 88265

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6022

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Donal Gracey* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Donal Gracey* C. Date of Delivery *2/23/05*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Mary Frances Rogers* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Mary Frances Rogers* C. Date of Delivery *2/24/05*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THOMAS L SIMMONS
11116 N BENSING DR
HOBBS NM 88240

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 5872

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 EDWIN JOHNSTON
BOX 152
MONUMENT NM 88265

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6046

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Thomas L Simmons* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Thomas L Simmons* C. Date of Delivery *2-23-05*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *William Johnston* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *William Johnston* C. Date of Delivery *2/23/05*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GEORGE A JR GRAHAM &
JANENE G JENIKE
PO BOX 1020
ARTESIA NM 88211

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7005 1820 0001 6804 6343

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:

MANFRED BARAKOVSKY ESTATE
%KEVIN BURMAN
PO BOX 864
EUNICE NM 88231 0864

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7005 1820 0001 6804 6244

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:

BUFORD, LARRY
3109 JONES LANE
HOBBS NM 88240

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7005 1820 0001 6804 6251

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JIMMIE T COOPER
& BETTY B TRUST COOPER
STAR RT A BOX 55
MONUMENT NM 88265

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7005 1820 0001 6804 6176

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Bum
 Carlbad Field Office
 Jim Amos
 620 East Greene Street
 Carlbad, NM 88220

Article Number
 (Transfer from service label)

7005 0390 0000 9980 3067

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

JIMMIE D SMITH
 PO BOX 1493
 LOVINGTON NM 88260

Article Number
 (Transfer from service label)

7005 1820 0000 6804 6527

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent
- B. Received by (Printed Name) *[Name]* ☐ Addressee
- C. Date of Delivery *2-24*
- 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]* ☐ Agent
- B. Received by (Printed Name) *[Name]* ☐ Addressee
- C. Date of Delivery *2-24*
- 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:

Bum
 BILL R CANNEDY
 PO BOX 270
 TIMBERON NM 88350 0270

Article Number
 (Transfer from service label)

7005 1820 0000 6804 6732

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

MARGARET JEANETTE BATES
 BOX 167
 MONUMENT NM 88265

Article Number
 (Transfer from service label)

7005 1820 0000 6804 6466

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

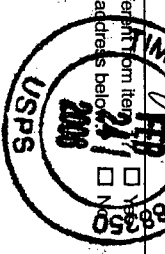
- A. Signature *[Signature]* ☐ Agent
- B. Received by (Printed Name) *[Name]* ☐ Addressee
- C. Date of Delivery *2-24*
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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]* ☐ Agent
- B. Received by (Printed Name) *[Name]* ☐ Addressee
- C. Date of Delivery *2-23-06*
- 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:

S W CATTLE CO
TRENT STRADLY
PO BOX 1800
HOBBS NM 88240

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6169

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:

JOHN S PETTY
PO BOX 35
MONUMENT NM 88265

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 7135

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

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

J F MRS DEC DICKISON
% JAMES BYRD
PO BOX 32
MONUMENT NM 88265

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 5940

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

FLOYD W CODY &
CARLA L CODY
PO BOX 29
MONUMENT NM 88265

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6534

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery
- 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 items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. It your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Addressed to:

WILLIAM E BLACKWOOD
7901 MONUMENT HWY
HOBBS NM 88240 8501

K-33-1

Article Number 7005 1820 0001 6804 5896
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION

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

Addressed to:

JOHN W DANIEL
PO BOX 165
MONUMENT NM 88265

K-33-1

Article Number 7005 1820 0001 6804 7104
Domestic Return Receipt

102595-02-M-1540

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
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 items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. It your 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:

BOROTEA CADENA
BOX 244
EUNICE NM 88231

K-33-1

Article Number 7005 1820 0001 6804 6237
Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

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

GERALD ANDERSON
PO BOX 1462
EUNICE NM 88231

K-33-1

Article Number 7005 1820 0001 6804 6305
Domestic Return Receipt

102595-02-M-1

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

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

COMPLETE THIS SECTION ON DELIVERY

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

RALPH D SCHMIDT
PO BOX 1862
SOCORRO NM 87801

K-33-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Ralph D Schmidt* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Ralph D Schmidt* ☐ 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

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 597J

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:

EVANIELINA VALDEZ
ALEX GONZALES %
320 W ROXANA
HOBBS NM 88240

K-33-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* ☐ 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

Article Number

(Transfer from service label)

7005 1820 0001 6804 651J

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:

SDI'S PROPERTIES LLC
PO BOX 908
EL DORADO TX 76936

K-33-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *SA Javett* ☐ 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

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 6329

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

ANDREW EDMONDSON JR
323 WAGON WHEEL
CARLSBAD NM 88220

K-33-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Andrew Edmondson* ☐ 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

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 6183

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

MAKE ALLEN
ALEX GONZALEZ %
PO BOX 4
SUMMERS AR 72769 0004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery 8-27-06
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

2. Article Number
(Transfer from service label)

K-33-1 7005 1820 0001 6804 6695

PS Form 3811, February 2004

Domestic Return Receipt 102595-02-M-15-0

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

LONNIE A G WATSON
PO BOX 626
BOVINA TX 79009 0626

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery 3/11/06
- 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

2. Article Number
(Transfer from service label)

K-33-1 7005 1820 0001 6804 6916

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-0

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

LAWRENCE E COCHRAN
406 CRESTVIEW
TUUCUMCARI NM 88401

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery 3/03/06
- 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)

K-33-1 7005 1820 0001 6804 6633

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-0

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

AMERADA HESS CORPORATION
TAX DEPT %
PO BOX 2040
HOUSTON TX 77252 2040

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery FEB 27 2006
- 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)

K-33-1 7005 1820 0001 6804 6619

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-0

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ Print your name and address on the reverse so 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 DALE CAMERON
PO BOX 2
MONUMENT NM 88265

COMPLETE THIS SECTION ON DELIVERY

- Signature Robert Cameron ☐ Agent
- B. Received by (Printed Name) Robert Cameron ☐ Addressee
- C. Date of Delivery 3/2/06
- 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)

7005 1820 0001 6804 6220

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ Print your name and address on the reverse so 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:

D C EST JACKSON
AMERADA HESS/PROPERTY TAX DEPT %
PO BOX 2040
HOUSTON TX 77252 2040

COMPLETE THIS SECTION ON DELIVERY

- A. Signature GEE ☐ Agent
- B. Received by (Printed Name) GEE ☐ Addressee
- C. Date of Delivery FEB 27 2006
- 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 6763

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ Print your name and address on the reverse so 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:

AMERADA HESS
ROOM 1541/PROPERTY TAX DEPT
PO BOX 2040
HOUSTON TX 77252 2040

COMPLETE THIS SECTION ON DELIVERY

- A. Signature GEE ☐ Agent
- B. Received by (Printed Name) GEE ☐ Addressee
- C. Date of Delivery FEB 27 2006
- 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 6802

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- ☐ Print your name and address on the reverse so 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:

D L EST LAUGHLIN
% MARY K ET AL BOWDEN
PO BOX 212
BELLEVUE TX 76228

COMPLETE THIS SECTION ON DELIVERY

- A. Signature GEE ☐ Agent
- B. Received by (Printed Name) GEE ☐ Addressee
- C. Date of Delivery FEB 27 2006
- 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 6804

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

V A CARNAHA
DAVID ELLISON %
4123 NORTH CORTEZ
Hobbs NM 88240

K-33-1

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

7005 1620 0001 6804 7098

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:

PANAGOPoulos ENTERPRISES LLC
929 LEE TREVINO BLVD
BELEN NM 87002

K-33-1

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

7005 1620 0001 6804 6951

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery 2-3-06
- 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 ☐ Addressee
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

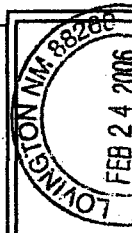
4. Restricted Delivery? (Extra Fee) ☐ Yes

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

Addressed to:

MARK WIESER
PO BOX 206
LOVINGTON NM 88260

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



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

Article Number 7005 1820 0001 6804 6541
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. If your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

Addressed to:

CLYDE E FRAZIER
1296 EAGLE POINT WEST AVE
BELTON TX 76513

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

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

Article Number 7005 1820 0001 6804 6299
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

Article Addressed to:

JAMES R DEWELL
PO BOX 211
MONUMENT NM 88265

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

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

Article Number 7005 1820 0001 6804 6107
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. If your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

Article Addressed to:

ENTRUST ADMINISTRATION INC
GREG P HERRERA %
P O BOX 25
MONUMENT NM 88265

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

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

Article Number 7005 1820 0001 6804 6374
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

3. Addressed to:

✓
Dellis Barber Estate
National Bank
Box 1347
Orlando City, TX 78512

K-33-1

3. Number (Transfer from service label) 7005 1820 0001 6804 5889
Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

✓
DALE A ANTILLA
PO BOX 373
HOBBS NM 88241

K-33-1

Article Number (Transfer from service label) 7005 1820 0001 6804 5889
Domestic Return Receipt 102595-02-M-1540

A. Signature *[Signature]* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Mark A. Barber* C. Date of Delivery *2-28-06*
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 *[Signature]* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *DALE A ANTILLA* C. Date of Delivery *02-27-06*
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

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

1. Article Addressed to:

✓
TOMMY GLAME
PO BOX B
MONUMENT NM 88265

K-33-1

2. Article Number (Transfer from service label) 7005 1820 0001 6804 6848
Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
2. Your name and address on the reverse of this card to the back of the mailpiece, in the front if space permits.

✓
MONUMENT BAPTIST CHURCH
PO BOX 151
MONUMENT NM 88265

K-33-1

2. Article Number (Transfer from service label) 7005 1820 0001 6804 6503
Domestic Return Receipt 102595-02-M-1540

A. Signature *[Signature]* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Shirley Lane* C. Date of Delivery *2-24-06*
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 *[Signature]* ☒ Agent ☐ Addressee
B. Received by (Printed Name) *Bob Lane* C. Date of Delivery *2-24-06*
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

RECEIPT SECTION

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

Addressed to:

DAVID V CAMPBELL
MARSHA A CAMPBELL
PO BOX 14
MONUMENT NM 88265

K-33-1

Article Number 7005 1820 0001 6804 6473
(Transfer from service label)
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, on the front if space permits.

Addressed to:

BOBBY J SMITH
PO BOX 158
MONUMENT NM 88265

K-33-1

Article Number 7005 1820 0001 6804 6909
(Transfer from service label)
Domestic Return Receipt

102595-02-M-1540

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
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 items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your 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.

Addressed to:

DEE H COUCH
PO BOX 23
MONUMENT NM 88265

K-33-1

Article Number 7005 1820 0001 6804 6787
(Transfer from service label)
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, on the front if space permits.

Addressed to:

MARK A WEBB
ST RT A BOX 40
MONUMENT NM 88265

K-33-1

Article Number 7005 1820 0001 6804 6480
(Transfer from service label)
Domestic Return Receipt

102595-02-M-1540

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
B. Received by (Printed Name) ☐ Addressee
C. Date of Delivery
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 items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your 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:

PERKINS, L C JR
2118 N ROIO
HOBBS NM 88240

K-33-1

Article Number
(Transfer from service label)

7005 1820 0001 6804 6992

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, on the front if space permits.

Article Addressed to:

ROTARY WIRELINE SERVICE INC
PO BOX 2735
HOBBS NM 88241

K-33-1

Article Number
(Transfer from service label)

7005 1820 0001 6804 5988

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature <i>L C Perkins Jr</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>L C Perkins Jr</i>	C. Date of Delivery <i>2/24/04</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

JIMMIE L NOLEN
PO BOX 31
MONUMENT NM 88265

K-33-1

Article Number
(Transfer from service label)

7005 1820 0001 6804 6671

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

SENDER: COMPLETE THIS SECTION

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

FRANK D GARDNER
BOX 34
MONUMENT NM 88265

K-33-1

Article Number
(Transfer from service label)

7005 1820 0001 6804 6640

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

A. Signature <i>Barbara K. Nolen</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Barbara K. Nolen</i>	C. Date of Delivery <i>2/23/04</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Frank D Gardner</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Frank D Gardner</i>	C. Date of Delivery <i>2/23/04</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

Article Addressed to:

GLORIA GAY CAUDLE
PO BOX 886
JAL NM 88252 0886

K-33-1

Article Number
(Transfer from service label)

Item 3811, February 2004

7005 1820 0001 6804 6367

102595-02-M-1540

Domestic Return Receipt

DEF: COMPLETE THIS SECTION

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

Article Addressed to:

ROBERT L RODGERS JR
STAR RT A, BOX 51
MONUMENT NM 88265

K-33-1

Article Number
(Transfer from service label)

Item 3811, February 2004

7005 1820 0001 6804 6015

102595-02-M-1540

Domestic Return Receipt

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

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

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

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

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

Article Addressed to:

JOE RAY WILLIAMS
11405 CENTRAL NW
ALBUQUERQUE NM 87121

K-33-1

Article Number
(Transfer from service label)

PS Form 3811, February 2004

7005 1820 0001 6804 6121

102595-02-M-1

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

Article Addressed to:

PATRICIA ANN WILLIAMSON
105 WHARF ST
WHITTNEY TX 76692

K-33-1

Article Number
(Transfer from service label)

PS Form 3811, February 2004

7005 1820 0001 6804 6336

102595-02-M-1

Domestic Return Receipt

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

ROBERT J VICKERS &
SHERI L VICKERS
PO BOX 1065
ARTESIA NM 88210

K-33-1

Article Number
(Transfer from service label)

7005 1820 0001 6804 6398

S 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:

HARRY GAITHER EST
% OLA CHARLENE GAITHER
3164 CR 435
SEYMOUR TX 76380

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 5926

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Robert J. Vickers* ☐ Addressee
B. Received by (Printed Name) ☐ C. Date of Delivery
Robert J. Vickers *2-27-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Charles Gaither* ☐ Addressee
B. Received by (Printed Name) ☐ C. Date of Delivery
Charles Gaither *2-27-06*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:

LARRY HUNT
PATSY HUNT
PO BOX 208
MONUMENT NM 88265

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6053

PS Form 3811, February 2004

Domestic Return Receipt

102595-

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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:

STEVE D MATTHEWS
4119 WEST ALABAMA
HOBBS NM 88240

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6572

PS Form 3811, February 2004

Domestic Return Receipt

102595-

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Patsy Hunt* ☐ Addressee
B. Received by (Printed Name) ☐ C. Date of Delivery
Patsy Hunt *2/28*
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
X *Steve Matthews* ☐ Addressee
B. Received by (Printed Name) ☐ C. Date of Delivery
Steve Matthews *2-28-06*
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

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

✓
CURT HOWARD
HUGH COUCH %
PO BOX 23
MONUMENT NM 88265

K-33-1

Article Number: 7005 1820 0001 6804 6923
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, on the front if space permits.

Article Addressed to:

✓
L S DICKERSON
RODNEY B MAPP %
PO BOX 8
MONUMENT NM 88265

K-33-1

Article Number: 7005 1820 0001 6804 6626
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

✓
BILL POLK
& ALICIA POLK
610 W 61ST STREET
KANSAS CITY MO 64113

K-33-1

Article Number: 7005 1820 0001 6804 6008
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-

SENDER: COMPLETE THIS SECTION

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

✓
BILLY DEAN GARDNER
PO BOX 154
MONUMENT NM 88265

K-33-1

Article Number: 7005 1820 0001 6804 6190
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

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

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

POST: COMPLETE THIS SECTION

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

Article Addressed to:

✓
W R SR GOTTSALL
PO BOX 598
HOBBS NM 88241

K-33-1

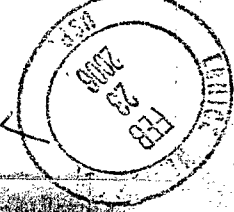
Article Number
(Transfer from service label) 7005 1620 0001 6804 6662
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

Article Addressed to:

✓
JAMES IRVIN BOYD
PO BOX 121
EUNICE NM 88231



K-33-1

Article Number
(Transfer from service label) 7005 1620 0001 6804 7500
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Robert Thompson* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Robert Thompson* C. Date of Delivery *2-23-06*
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 *Michael Boyd* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Michael Boyd* C. Date of Delivery *2-23-06*
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 of this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

✓
HOBBS MUNICIPAL SCHOOLS
PO BOX 1030
HOBBS NM 88241

K-33-1

Article Number
(Transfer from service label) 7005 1620 0001 6804 6664
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 of this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

✓
JIMMIE B COOPER
PO BOX 54
MONUMENT NM 88265

K-33-1

Article Number
(Transfer from service label) 7005 1620 0001 6804 6213
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Hunter* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *John Hunter* C. Date of Delivery *2-23-06*
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 *Jim Cooper* ☐ Agent ☐ Addressee
B. Received by (Printed Name) *Jim Cooper* C. Date of Delivery *2-24-06*
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:

GLYN MARK STONE
210 W BROADWAY ST
HOBBS NM 88240 6004

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 5933

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:

DAVID D MIDDLEBROOK
DIESEL ELECTRIC %
PO BOX 5805
HOBBS NM 88241

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6565

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:

COY R DOYAL
% DAVID DOYAL
PO BOX 1121
HOBBS NM 88241

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6206

PS Form 3811, February 2004

Domestic Return Receipt

102595-4

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

VIRGIL STEPHENS
PO BOX 181
MONUMENT NM 88265

K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 6749

PS Form 3811, February 2004

Domestic Return Receipt

102595

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

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

RECEIVER: COMPLETE THIS SECTION

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

Addressed to:

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

ENE K-33-1

Article Number 7005 1820 0001 6804 1027
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. If your name and address on the reverse of this card can return the card to you, attach this card to the back of the mailpiece, in the front if space permits.

Addressed to:

Chief
Groundwater Bureau
Runnels Building
Santa Fe, NM 87504

ENE K-33-1

Article Number 7005 1820 0001 6804 1058
Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

ENE K-33-1

Article Number 7005 1820 0001 6804 1003
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. If your name and address on the reverse of this card 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

ENE K-33-1

Article Number 7005 1820 0001 6804 1034
Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

EME K-33-1

Article Number
(Transfer from service label)

7005 1820 0001 6804 0860

S Form 3811, February 2004

Domestic Return Receipt

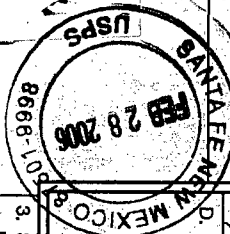
102595-02-M-1540

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:

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



EME K-33-1

2. Article Number
(Transfer from service label)

7005 1820 0001 6804 1102

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Is delivery address different from item 1? ☐ Yes ☐ No
- D. 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 Environmental Department
Secretary
PO BOX 26110
Santa Fe, NM 87504

EME K-33-1

Article Number
(Transfer from service label)

7005 1820 0001 6804 1119

S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

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

FEB 24 2006

ER: COMPLETE THIS SECTION

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

Addressed to:

Mr. Harry Bishara
PO BOX 748
Tuba, NM 87013

EME K-33-1

Article Number 7005 1820 0001 6804 0976
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ER: COMPLETE THIS SECTION

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

Addressed to:

Bureau of Mines & Mineral Resources
Institute of Mining & Tech
Tuba, NM 87013

EME K-33-1

Article Number 7005 1820 0001 6804 0938
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

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, on the front if space permits.

Article Addressed to:

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

EME K-33-1

Article Number 7005 1820 0001 6804 0877
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

SENDER: COMPLETE THIS SECTION

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

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

EME K-33-1

Article Number 7005 1820 0001 6804 0921
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

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

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-1

COMPLETE THIS SECTION ON DELIVERY

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

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

102595-02-M-1

RECEIPT SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse 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:

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

ENME K-33-1

Article Number 7005 1820 0001 6804 0853
Transfer from service label
Domestic Return Receipt

102595-02-M-1540

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

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



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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse 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:

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

ENME K-33-1

Article Number 7005 1820 0001 6804 1015
Transfer from service label
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIPT SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse 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

ENME K-33-1

Article Number 7005 1820 0001 6804 1041
Transfer from service label
Domestic Return Receipt

102595-02-M-1540

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

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



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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse 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:

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

ENME K-33-1

Article Number 7005 1820 0001 6804 0884
Transfer from service label
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

ENE K-33-1

Article Number
(Transfer from service label)
S Form 3811, February 2004

7005 1820 0001 6804 1126
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:

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

ENE K-33-1

Article Number
(Transfer from service label)
S Form 3811, February 2004

7005 1820 0001 6804 0914
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

COMPLETE THIS SECTION ON DELIVERY

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

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Chief
Hazardous Waste Bureau
Rumrills Building
Santa Fe, NM 87504

ENE K-33-1

Article Number
(Transfer from service label)
S Form 3811, February 2004

7005 1820 0001 6804 1010
Domestic Return Receipt

102595

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

ENE K-33-1

Article Number
(Transfer from service label)
S Form 3811, February 2004

7005 1820 0001 6804 0945
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

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

COMPLETE THIS SECTION ON DELIVERY

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

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

FR: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Your name and address on the reverse of this card to the back of the mailpiece, on the front if space permits.

Addressed to:

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

ENE K-33-1

Article Number

7005 1820 0001 6804 0983

Transfer from service label

Domestic Return Receipt

102595-02-M-1540

FR: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Your name and address on the reverse of this card to the back of the mailpiece, on the front if space permits.

Addressed to:

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

K-33-1

Article Number

7005 0390 0000 9980 3043

Transfer from service label

Domestic Return Receipt

102595-02-M-1540

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 ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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 ☐ 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 of this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

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

ENE K-33-1

Article Number

7005 1820 0001 6804 1089

Transfer from service label

Domestic Return Receipt

102595-02-M-11

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

ENE K-33-1

Article Number

7005 1820 0001 6804 0990

Transfer from service label

Domestic Return Receipt

102595-02-M-11

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 ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

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 ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

IFR: COMPLETE THIS SECTION

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

Addressed to:

Turner NM Trustee for Natural Resources
American Ground Water Consultants
101 St. SW, Suite 111
Albuquerque, NM 87102

ENE K-33-1

Article Number
(Transfer from service label)
3811, February 2004

7005 1820 0001 6804 0891

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

Addressed to:

Colorado River Basin Ctl. Forum
101 A. Barnett
106 West 500 South, Suite 101
Countryside, UT 84010

ENE K-33-1

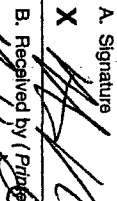
Article Number
(Transfer from service label)
3811, February 2004

7005 1820 0001 6804 1072

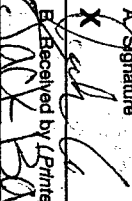
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☐ Addressee
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

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

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

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse 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:

Ken Marsh
CRI
PO BOX 388
Hobbs, NM 88241

ENE K-33-1

Article Number
(Transfer from service label)
3811, February 2004

7005 1820 0001 6804 0952

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse 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:

Jay Lazarus
PO BOX 5727
Santa Fe, NM 87502

ENE K-33-1

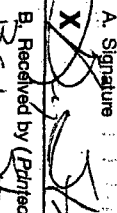
Article Number
(Transfer from service label)
3811, February 2004

7005 1820 0001 6804 1096

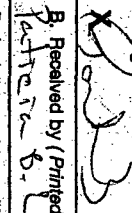
Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☐ Addressee
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

A. Signature  ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☐ Addressee
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

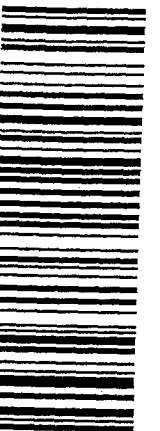
RICE

Operating Compa

122 West Taylor
Hobbs, NM 88240

7005 1820 0001 6804 6145

1750
0033
5772
04-640 FEB 22 2006
88240

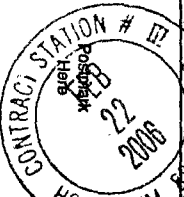


U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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
DEBRA J EVANS
% MICHAEL L COX
PO BOX 1342
HOBBS NM 88241 1342

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

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DEBRA J EVANS
% MICHAEL L COX
PO BOX 1342
HOBBS NM 88241 1342

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by: Michael L Cox Date of Delivery Feb 22 2006
- C. Is delivery address different from item 1? ☐ Yes ☒ No
- D. If YES, enter delivery address below:

3. Service Type

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

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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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

Postmark
Here

Sent To Diego T. Zavala
 Street, Apt. No. 1400 E. Dunnam
 or PO Box No. Hobbs, NM 88240
 City, State, ZIP+4 Hobbs, NM 88240

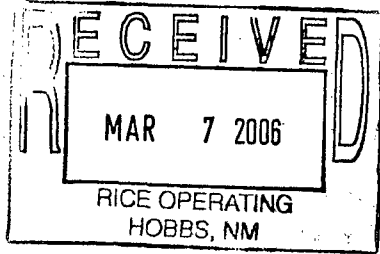
PS Form 3800, June 2002 See Reverse for Instructions

No Reply as
 of 5-31-06

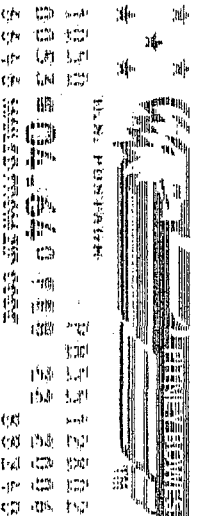
RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 7128

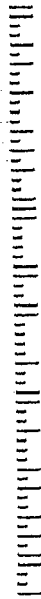


BILLY GILBER
444 N GILA SPRINGS
CHANDLER AZ 85226

NIXIE 050 1 40 03/03/06
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 88240604822 88240604822 88240604822 88240604822

88240604822 C01

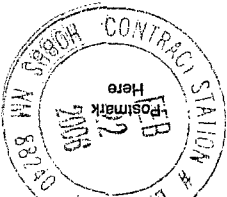


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

7005 1820 0001 6804 7128

Sent To: BILLY GILBER
444 N GILA SPRINGS
CHANDLER AZ 85226
City, State, ZIP+4
Street, Apt. No.,
or PO Box No.
PS Form 3800, June 2002
See Reverse for Instructions

Postage	\$ 39.39
Certified Fee	
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	1.85
Total Postage & Fees	\$ 41.64



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

RICE

Operating Company

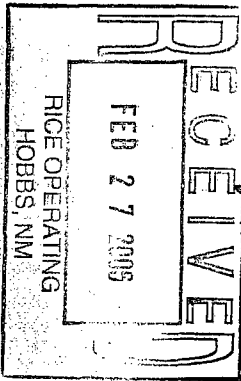
122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 6350

1120
0043 04-640 FEB 22 2006
5737 MONUMENT NM 88265

RETURNED TO SENDER
MOVED, LEFT NO ADDRESS
ATTEMPTING ORDER EXPIRED
UNCLAIMED NO SUCH STREET USED
NSN 2/23



CHURCH OF CHRIST, MONUMENT
BOX 301
MONUMENT NM 88265

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS AT OLD ADDRESS, TURN 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:

CHURCH OF CHRIST, MONUMENT
BOX 301
MONUMENT NM 88265

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ X ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ 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

K-33-1

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 6350
PS Form 3811, February 2004 Domestic Return Receipt

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

SENT TO
CHURCH OF CHRIST, MONUMENT
BOX 301
MONUMENT NM 88265

City, State

Postage \$ 4.64
Certified Fee \$ 2.40
Return Receipt Fee \$ 1.85
Restricted Delivery Fee \$ 39

Postmark
HOBBS NM 02-28-06

CONTRACT STATION
HOBBS NM

7005 1820 0001 6804 6350

RICE

Operating Company

122 West Taylor
Hobbs, NM 88240



7005 1820 0001 6804 6800

1210
0023
04-640 FEB 22 2006
4745 MONTEZUMA OVER

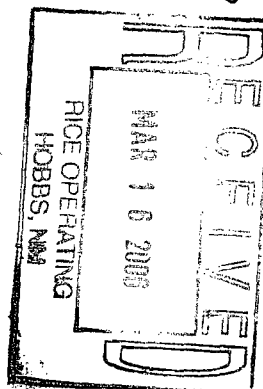
POSTAGE
P85512802
22 2006
38243

2-23-03

NO SUCH STREET
NO SUCH NUMBER
NO SUCH ADDRESS
NO SUCH CITY
NO SUCH STATE
NO SUCH ZIP+4

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



JACK L WILLIAMS
PO BOX 168
MONUMENT NM 88265

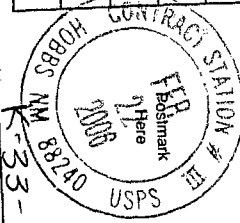
U.S. Postal ServiceTM RECEIPT

CERTIFIED MAILTM

(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



Sent To: JACK L WILLIAMS

Street Apt. No.: PO BOX 168

City, State, ZIP+4: MONUMENT NM 88265

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0001 6804 6800

122 West Taylor
Hobbs, NM 88240

8718 6718 6804 0001 0229 1820 5005

[illegible]

RECEIVED

CHECKED

ENTERED

INDEXED

FILED

NOV 1968

FBI - NEW YORK

TO SUCH OFFICE IN STATE

ADDRESSEE UNKNOWN

INSUFFICIENT ADDRESS

NOT A MAIL IN THIS SERVICE

MAR 13 2005
 HOOD OPERATING
 JOBBES, NM

HEIDI C BARTON ET AL
2214 N CIELO
HOBBS NM 88240

L/N
2-2306
2-2306

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.

1. Article Addressed to:

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		

HEIDI C BARTON ET AL
2214 N CIELO
HOBBS NM 88240

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

<input type="checkbox"/> Yes

2. Article Number
(Transfer from service label)

7005 1A27 0007, 6A04 1714

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1820 0001 6804 6718

HEIDI C BARTON ET AL

2214 N CIELO
HOBS NM 88240

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

464	\$
185	
2.40	
39	\$

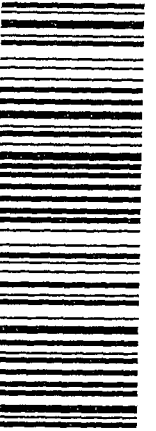
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

RICE

Operating Company

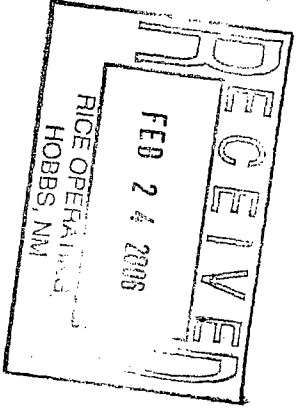
122 West Taylor
Hobbs, NM 88240

7005 1820 0001 6804 7029



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

Not Deliverable as Addressed - Unable to Forward



JERRY W BRYAN &
DIANA M BRYAN
1620 S 14TH SP B
HOBBS NM 88240

UAA
65-23

DO NOT WRITE IN THESE SPACES
DO NOT WRITE IN THESE SPACES
DO NOT WRITE IN THESE SPACES

7005 1820 0001 6804 7029

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

JERRY W BRYAN &
DIANA M BRYAN
1620 S 14TH SP B
HOBBS NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

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

K-33-1

2. Article Number
(Transfer from service label) 7005 1820 0001 6804 7029

PS 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

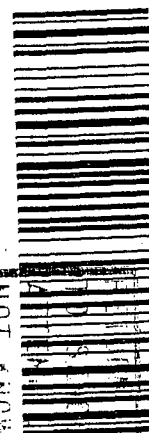
Postage	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total Postage & Fees
\$ 39	\$ 40	\$ 1.85	\$ 4.64	\$ 4.64

Sent To: JERRY W BRYAN &
DIANA M BRYAN
1620 S 14TH SP B
HOBBS NM 88240
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions

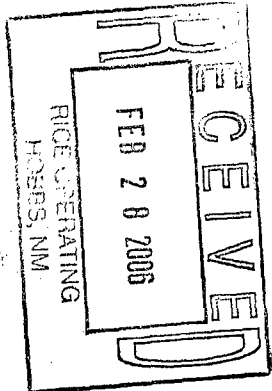
OFFICIAL USE

RICE
Operating Company
 122 West Taylor
 Hobbs, NM 88240

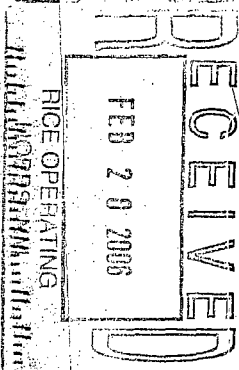
7005 1820 0001



1770
 0003
 04-640 FEB 22 2006
 88240



270221532



*He m f ed
 y k n o w n*

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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

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

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

NO DELIVERY
 IF THE RETURN ADDRESS IS FOLDED TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

2. Article Number (Transfer from service label) **7005 1820 0001 6804 0969**
 PS Form 3811, February 2004 Domestic Return Receipt

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

7005 1820 0001 6804 0969



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

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

122 West Taylor
Hobbs, NM 88240

7005 J876

[illegible]

FEB 24 2006

RECEIVED
MAR 7 2006
FICE OPERATING
HOBBS, NM

WHEEL

750

۲۰

33 03/01/03

RETURN TO SENDER
NO DELIVERED
UNABLE TO
NOT

MC: 0000405040333

*0556-05737-22-4.1

78-93-314-238-515-481-30

THE UNIVERSITY OF CHICAGO

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

7005 1820 0001 6804 6558

SENDER: COMPLETE THIS SECTION

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

COMPLETE THIS SECTION ON DELIVERY

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

WARREN D SLIGAR
PO BOX 2804
SAN ANGELO TX 76902

1-33-K

2. Article Number

(Transfer from service label)

7005 1820 0007 6804 6558

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540


PS Form 3800, June 2002
See Reverse for Instructions

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

WARREN D SLIGAR
PO BOX 2804
SAN ANGELO TX 76902

R-33-1

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

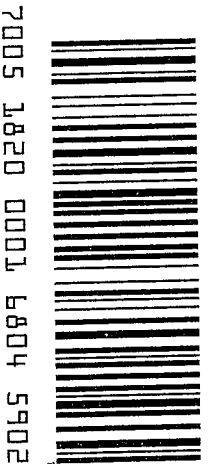


CERTIFIED MAILSM RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided.)
For delivery information, visit our website at www.usps.com
OFFICIAL USE

RICE

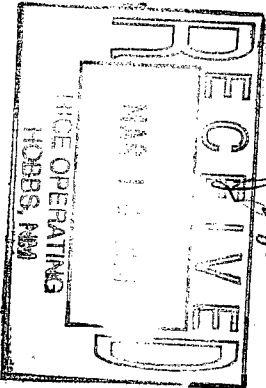
Operating Company

122 West Taylor
Hobbs, NM 88240



1790
0013
04-640 FEB 22 2006
\$ 7.05
R5512802
88240

RETURNED TO SENDER
LEFT NO ADDRESS
UNCLAIMED NOT KNOWN
NO SUCH STREET
NO SUCH NUMBER



RONNIE DAVIS
GENEVIEVE DAVIS
STAR ROUTE A BOX 270
HOBBS NM 88240

*Used
3-1-06
5.45P*

DER: COMPLETE THIS SECTION

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

Addressed to:

RONNIE DAVIS
GENEVIEVE DAVIS
STAR ROUTE A BOX 270
HOBBS NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *R. Davis* ☒ Agent ☐ Addressee

B. Received by (Printed Name): *R. Davis* C. Date of Delivery: *3/16/06*

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

K-33-1

Postage Number (Transfer from service label)

7005 1820 0001 6804 5902

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

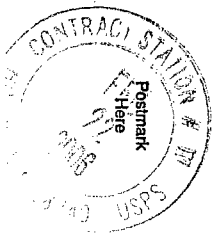
US Postal ServiceTM CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

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



Sent To: RONNIE DAVIS
Street, Apt. No., or PO Box No.: GENEVIEVE DAVIS
City, State, ZIP+4: STAR ROUTE A BOX 270
HOBBS NM 88240

PS Form 3800, June 2002

See instructions

Price, Wayne, EMNRD

From: Price, Wayne, EMNRD
To: cdhriceswd@valornet.com; kpriceswd@valornet.com
Cc: r@rthicksconsult.com; whearth@msn.com
Subject: Abatement Plan Extensions
Attachments:

Sent: Wed 8/17/2005 11:47 AM

Dear Ms. Haynes:

OCD is in receipt of the following request for extensions:

July 06, 2005 RT Hicks N-29 Junction Box UL N Section 29, 21S, 37 E

July 11, 2005 RT Hicks Jct F-29-1A 1R0428-44

July 13, 2005 RT Hicks EME M-9, N-5, K-6, D-1, BD J-26.

July 15, 2005 Whole Earth K-33, L-1, R047-92

OCD hereby approves of the extensions.

Please be advised that NMOCD approval of these extensions does not relieve (Rice Operating Co.) of responsibility 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 Co.) of responsibility for compliance with any other federal, state, or local laws and/or regulations. OCD reserves the right to cancel the extensions if deemed warranted.

Wayne Price-Senior Environmental Engr.
Oil Conservation Division
1220 S. Saint Francis
Santa Fe, NM 87505
E-mail wayne.price@state.nm.us
Tele: 505-476-3487
Fax: 505-4763462



Whole Earth Environmental, Inc.

2103 Arbor Cove
Katy, Tx. 77494
281.394.2050
whearth@msn.com

RECEIVED

JUL 19 2005

July 15, 2005

**OIL CONSERVATION
DIVISION**

NMOCD
1220 South St. Francis Dr.
Sante Fe, NM 87505

RE: NMOCD CASE # 1R047-92
Attn: Daniel Sanchez

Dear Mr. Sanchez:

Whole Earth requests a significant extension to our Phase I Site characterization Plan for the K-33-1 site located south of Monument. Our recent investigations have found significant areas within the proposed work site that appear to be contaminated with hydrocarbons. Prior to this discovery, we had planned a simple brine delineation however the presence of hydrocarbons led us to the operator of a long abandoned battery at the site.

We've only begun preliminary discussions with the battery operator who we feel should be included within the project. Negotiations are proceeding and we hope to have them concluded within one hundred fifty days.

Your flexibility will be sincerely appreciated.

Warmest regards,

Mike Griffin
President
Whole Earth Environmental, Inc.

✓Cc: Wayne Price: NMOCD
Carolyn Haynes: Rice Operating Co.



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: Wednesday, December 08, 2004 10:22 AM
To: Carolyn Doran Haynes (E-mail)
Cc: Kristin Farris Pope (E-mail); Sheeley, Paul; Johnson, Larry
Subject: Groundwater Investigation and Remediation Plans Required for OCD approval by March 15, 2005

Dear Ms. Haynes:

Please provide for OCD approval by March 15, 2005 groundwater investigation and remediation plans for the following sites:

EME M-16-1 OCD Case # 1R0427-93
EME K-33-1 OCD Case # 1R0427-92
EME E-5 OCD Case # 1R0427-91
EME N-5 OCD Case # 1R0427-90
EME A-20 OCD Case # 1R0427-89
EME K-6 OCD Case # 1R0427-88
BD-17 OCD Case# 1R0426-14

The plans shall include the following at a minimum.

1. Installation of a minimum of two additional monitor wells to properly delineate and define the groundwater conditions on and off the site.
2. A site sampling plan for constituents of concern.
3. The plan shall also include remediation techniques to reduce any vadose contamination that has not already been addressed, and groundwater contamination on and off the site.
4. An area map marking the approximate location and with directions on how to get to the site.
5. A site plot plan showing all significant features.
6. Photos of the site, including any photos available during the original work performed at the site.
7. A summary of all work performed and findings as of to date.

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



ENVIRONMENTAL PLUS, INC.

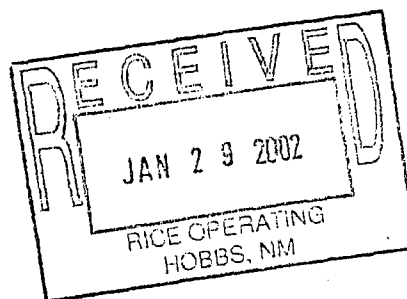
Micro-Blaze

Micro-Blaze Out™

STATE APPROVED LAND FARM AND ENVIRONMENTAL SERVICES

January 25, 2002

Mr. Donnie Anderson
Rice Operating Company
122 West Taylor
Hobbs, New Mexico 88240



Subject: Monument EME System Monitor Well Sampling

Dear Mr. Anderson,

Included below is the development and sampling information collected by Environmental Plus, Inc. (EPI) on 1-10-02 for the Monument EME System monitor wells.

RICE OPERATING MONUMENT EME SYSTEM MONITOR WELLS						
MONITOR WELL ID	DATE	WELL CASING INSIDE DIAMETER INCHES	WATER LEVEL FROM TOP OF CASING FEET	TOTAL DEPTH FROM TOP OF CASING FEET	BORE WATER VOLUME GALLONS	PURGE VOLUME GALLONS
P6	1/10/2002	2	36.7	48.0	1.8	5.5
K33-I	1/10/2002	2	36.9	41.0	0.7	2.0
M16-I	1/10/2002	2	22.6	35.1	2.0	6.1
JUNCTION N-5	1/10/2002	2	35.5	41.3	0.9	2.8

If you have any questions or require more information please call Mr. Ben Miller or myself at the office or at 505.390.0288 or 505.390.7864, respectively.

Sincerely,

Pat McCasland
EPI Technical Services Manager

cc: Ben Miller, EPI Vice President and General Manager
Sherry Miller, EPI President
file

ENVIRONMENTAL PLUS, INC.



PHONE (915) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
RICE OPERATING CO.
ATTN: DONNIE ANDERSON
122 W. TAYLOR
HOBBS, NM 88240
FAX TO:

Receiving Date: 01/11/02
Reporting Date: 01/16/02
Project Owner: RICE OPERATING CO.
Project Name: K-33-1
Project Location: NOT GIVEN

Sampling Date: 01/10/02
Sample Type: GROUNDWATER
Sample Condition: COOL & INTACT
Sample Received By: AH
Analyzed By: HM

LAB NUMBER	SAMPLE ID	Na (mg/L)	Ca (mg/L)	Mg (mg/L)	K (mg/L)	Conductivity (μ S/cm)	T-Alkalinity (mgCaCO ₃ /L)
------------	-----------	--------------	--------------	--------------	-------------	-------------------------------	--

ANALYSIS DATE:	01/16/02	01/15/02	01/15/02	01/15/02	01/15/02	01/15/02	01/15/02
H6430-1 R011002K331MW	210	372	126	24.4	4003		349
Quality Control	NR	55.0	48.6	5.27	1489		NR
True Value QC	NR	50.0	50.0	5.00	1413		NR
% Recovery	NR	110	97.2	105	105		NR
Relative Percent Difference	NR	0	6.0	0	0.3		NR

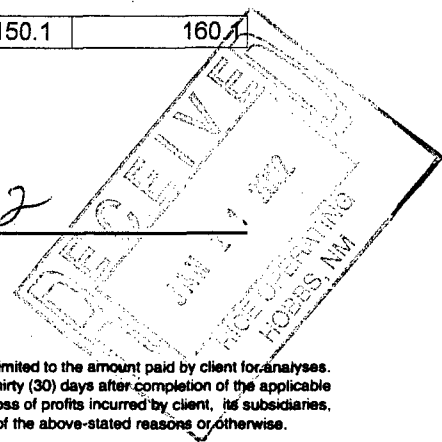
METHODS:	SM3500-Ca-D	3500-Mg E	8049	120.1	310.1
----------	-------------	-----------	------	-------	-------

	Cl ⁻ (mg/L)	SO ₄ (mg/L)	CO ₃ (mg/L)	HCO ₃ (mg/L)	pH (s.u.)	TDS (mg/L)
ANALYSIS DATE:	01/15/02	01/15/02	01/15/02	01/15/02	01/15/02	01/15/02
H6430-1 R011002K331MW	872	344	0	426	7.17	2635
Quality Control	1040	52.66	NR	984	7.00	NR
True Value QC	1000	50.00	NR	1000	7.00	NR
% Recovery	104	105	NR	98.4	100	NR
Relative Percent Difference	1.0	0.6	NR	2.7	0.1	NR

METHODS:	SM4500-Cl-B	375.4	310.1	310.1	150.1	160.1
----------	-------------	-------	-------	-------	-------	-------

Amy Hill
Chemist

1-16-02
Date



PLEASE NOTE: **Liability and Damages.** Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

H6430A.XLS



ARDINAL LABORATORIES

PHONE (915) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

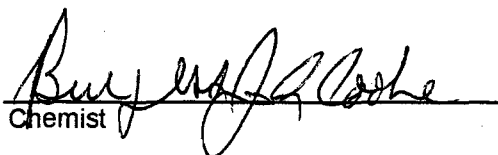
ANALYTICAL RESULTS FOR
RICE OPERATING CO.
ATTN: DONNIE ANDERSON
122 W. TAYLOR
HOBBS, NM 88240
FAX TO:

Receiving Date: 01/11/02
Reporting Date: 01/12/02
Project Owner: RICE OPERATING CO.
Project Name: K-33-1
Project Location: NOT GIVEN

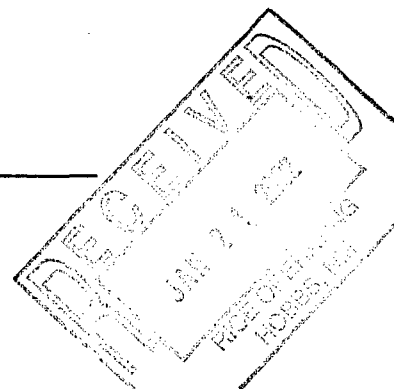
Sampling Date: 01/10/02
Sample Type: GROUNDWATER
Sample Condition: COOL & INTACT
Sample Received By: AH
Analyzed By: BC

LAB NUMBER	SAMPLE ID	BENZENE (mg/L)	TOLUENE (mg/L)	ETHYL BENZENE (mg/L)	TOTAL XYLENES (mg/L)
ANALYSIS DATE		01/11/02	01/11/02	01/11/02	01/11/02
H6430-1	R011002K331MW	<0.002	<0.002	<0.002	<0.006
Quality Control		0.100	0.104	0.108	0.314
True Value QC		0.100	0.100	0.100	0.300
% Recovery		99.9	104	108	105
Relative Percent Difference		1.6	2.8	2.2	1.9

METHOD: EPA SW-846 8260


Chemist

1/12/02
Date



PLEASE NOTE: **Liability and Damages.** Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

H6430B.XLS

101 East Marland, Hobbs, NM 88240
505-393-2326 Fax 505-393-2476

[illegible]

Atkins Engineering
Associates, Inc.

2904 W. 2nd St., Roswell, NM 88202-3156

LOG OF BORING Rice EME, K33-1 TH

(Page 1 of 1)

Rice Operating Co.

122 W. Taylor

Hobbs, New Mexico 88240

Contact: Donnie Anderson

Job#: RICENGLAIR.01

Date : 10-03-01

Drill Start : 1530

Drill End : 1630

Boring Location : S. Monument 1mi & E ½ mi

Site Location

: South Monument

Auger Type

: Hollow Stem

Logged By

: Mort Bates

Depth in Feet	GRAPHIC	USCS	Samples ppm %	DESCRIPTION	Lab
0				Sand, tan, loose, damp	
5		SP	600		
10			850	Caliche, white, firm, dry	
15			800	Caliche w/ sand, tan, loose, damp	
20		SP	750	Sand, tan, loose, damp	
22		SP	750	Sand w/ sandstone, tan, loose, damp	
			1080		
Total depth 22'					
25					

Bentonite

RICE Operating Company

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

CONSERVATION DIV.
NOV 20 2001 PM 3:46

CERTIFIED MAIL

RETURN RECEIPT NO. 7000 1530 0005 9895 4305

November 20, 2001

Mr. Wayne Price
NM Energy, Minerals, and Natural Resources
Oil Conservation Division, Environmental Bureau
1220 S. St. Francis Drive
Santa Fe, NM 87505

1R0336

RE: EME SWD SYSTEM, K-33-1 JUNCTION BOX UPGRADE
UNIT LETTER K, SECTION 33, T19S, R37E

Mr. Price:

Rice Operating Company (ROC) is presently upgrading junction boxes in the Eunice Monument Eumont (EME) SWD System. Delineation of the EME Jct. K-33-1 by trenching and soil boring indicates that groundwater could possibly be impacted in this area. Ground water in this area is 24-30 feet bgs. In order to adequately complete the impact investigation of this junction box, ROC proposes extending the TPH and chloride delineation to include a temporary down gradient monitor well to determine groundwater impact in this area.

ROC submits the following addition to Step 5 of the NMOCD approved Remediation Plan for Below Grade Junction Boxes for EME SWD Jct. K-33-1. Each of the following items will be conducted pursuant to NMOCD guidelines and EPA methods. The NMOCD Hobbs Office will be notified in advance of any significant events occurring at this site.

- A. A 2" monitor well will be installed down gradient of the junction box according to NMOCD guidelines.
- B. Soil will be collected and field-tested for chlorides during the boring operation at 5' intervals. (TPH tests will not be performed since previous boring and trenching samples showed no indication of TPH.) A soil morphology log will be produced for this monitor well.

C. The monitor well will be developed pursuant to NMOCD guidelines and a water sample will be collected. The sample will be delivered to a certified lab and analyzed for major cations and anions, Total Dissolved Solids and BTEX.

D. The results of these tests will be submitted the NMOCD for review.

The attached map with soil sample results represents the surface lateral extent of impact determined by trenching and soil boring. The soil boring was plugged with hydrated bentonite. The excavation at this junction box has been limited to delineation.

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

Thank you for your consideration of this proposal. If you have any questions, please call.

RICE OPERATING COMPANY

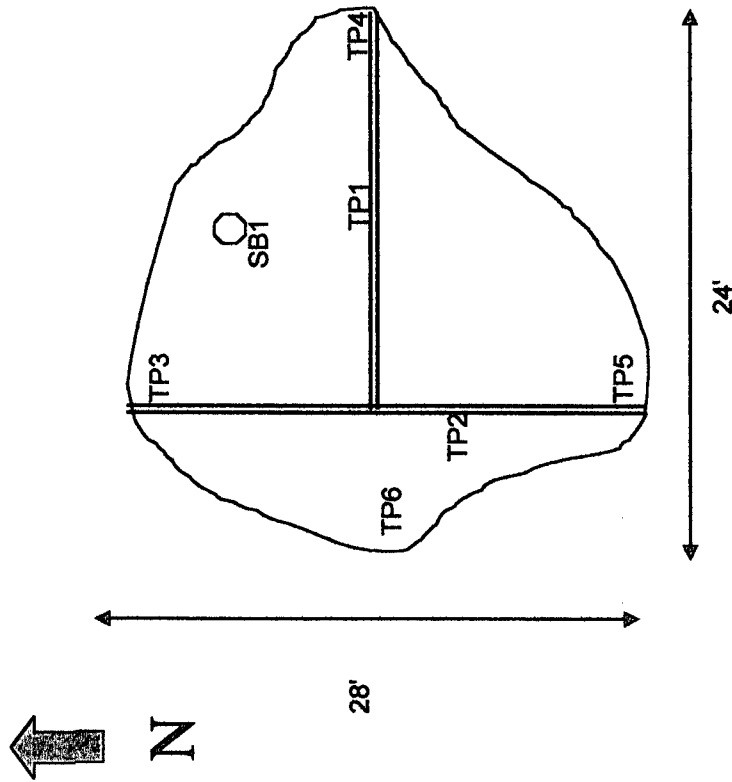


Donnie Anderson
Project Leader-Environmental

370-5841

Enclosures Site Map & Delineation Results
Soil Boring Log & Results

Cc: CDH, file Mr. Chris Williams
NMOCD, District 1 Office
1625 N. French Drive
Hobbs, NM 88240



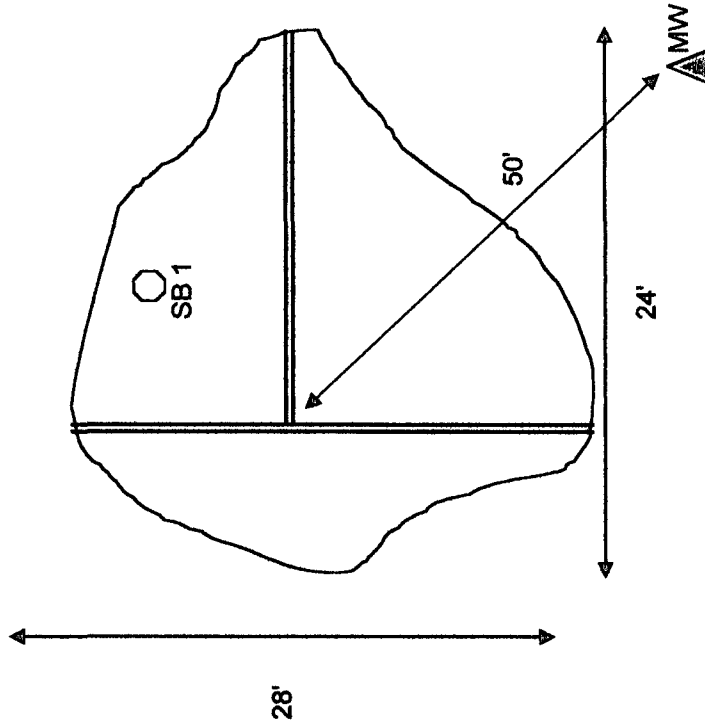
Site	Depth	Cl (ppm)
TP1	5'	1900
	7'	1900
	9'	1700
	11'	2000
	13'	2350
	14'	1800
TP2	10'	900
	12'	950
	14'	850
TP3	6'	50
	8'	400
	11'	250
TP4	6'	50
	8'	150
	11'	100
TP5	6'	100
	8'	200
	11'	400
	12'	275
	15'	350
TP6	6'	50
	8'	250

Rice Operating Company
122 West Taylor
Hobbs, NM 88240

11/09/2001

DELINEATION SITES FIELD CHLORIDE TEST RESULTS

EME SWD System
Unit Letter K, Sec 33-T19S-R37E
Lea County, New Mexico



Rice Operating Company
122 West Taylor
Hobbs, NM 88240

11/09/2001
PROPOSED MONITOR WELL SITE

EME SVD System
Unit Lettter K, Sec 33-T19S-R37E
Lea County, New Mexico

Atkins Engineering
Associates, Inc.

2904 W. 2nd St., Roswell, NM 88202-3156

LOG OF BORING Rice EME, K33-1 TH

(Page 1 of 1)

Rice Operating Co.
122 W. Taylor
Hobbs, New Mexico 88240

Contact: Donnie Anderson

Job#: RICENGLAIR.01

Date : 10-03-01
Drill Start : 1530
Drill End : 1630
Boring Location : S. Monument 1mi & E ½ mi

Site Location : South Monument
Auger Type : Hollow Stem
Logged By : Mort Bates

Depth in Feet	GRAPHIC	USCS	Samples per 2'	DESCRIPTION	Lab	
0				Sand, tan, loose, damp		
5		SP	600			
10			850	Caliche, white, firm, dry		
15			800	Caliche w/ sand, tan, loose, damp		
20		SP	750	Sand, tan, loose, damp		
		SP	700	Sand w/ sandstone, tan, loose, damp		
			600			
Total depth 22'						
25						

Bentonite