

**AP - 47**

**GENERAL  
CORRESPONDENCE**

**DATE:  
2010 - 2007**



# Highlander Environmental Corp.

Midland, Texas

AP-47  
Gen Cor.

2010-2007

CERTIFIED MAIL  
RETURN RECEIPT NO.

RECEIVED

JAN 18 2007  
Environmental Bureau  
Oil Conservation Division

December 27, 2006

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

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

Mr. Price:

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

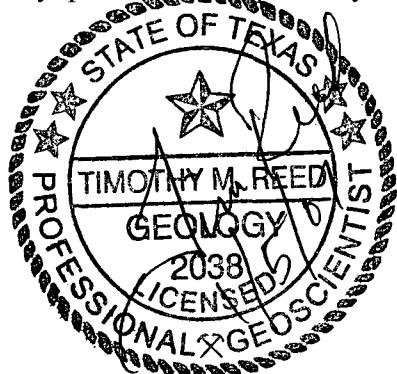
1. An area map showing surrounding water wells, monitoring wells and any other sites that may have an impact on this site.
2. ROC should demonstrate that the groundwater gradient is accurate.

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

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

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

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



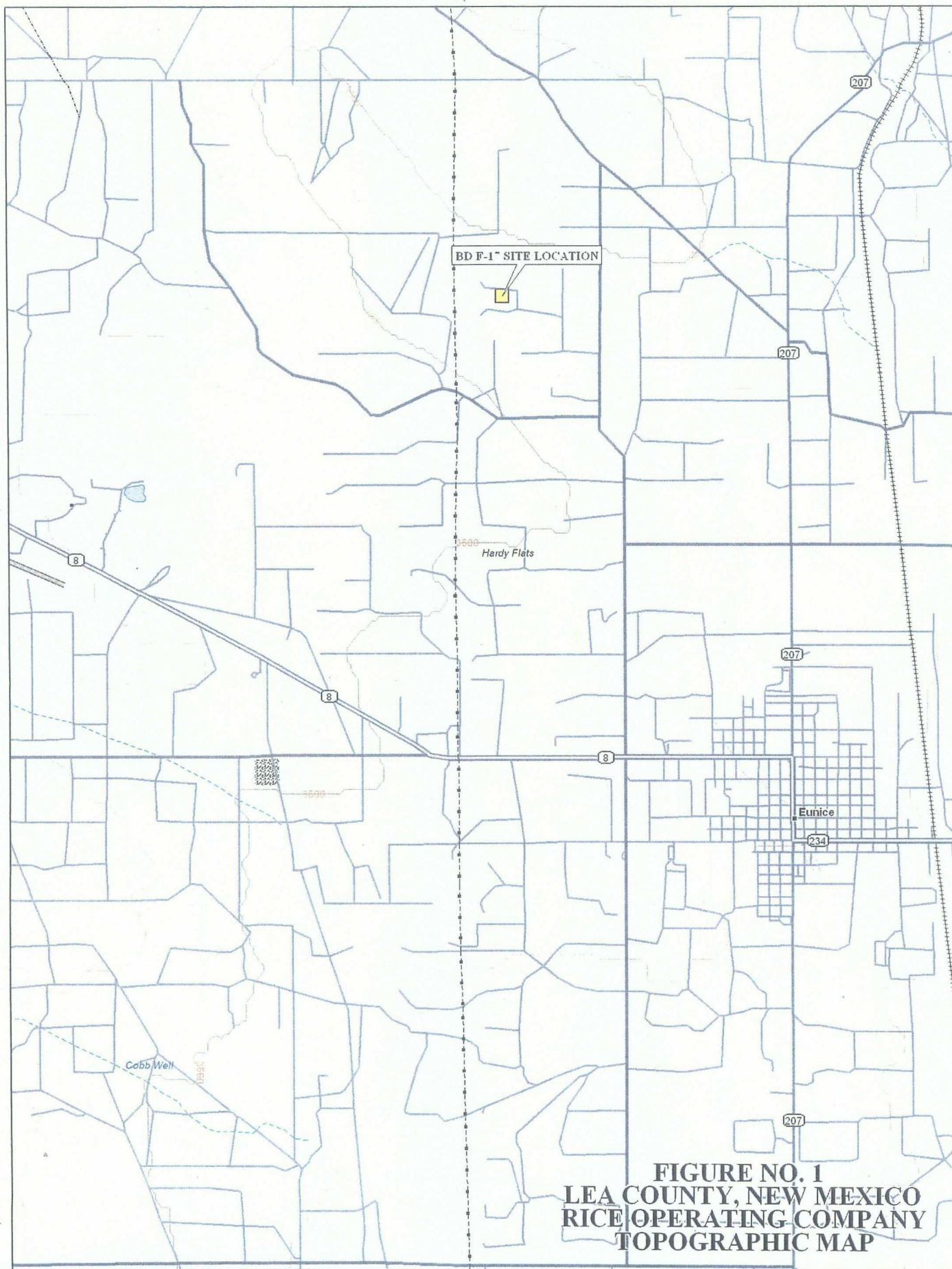
Respectfully submitted,  
Highlander Environmental Corp.

Timothy M. Reed, P.G.  
Vice President

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



## FIGURES

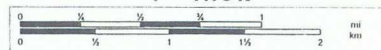


**FIGURE NO. 1  
LEA COUNTY, NEW MEXICO  
RICE OPERATING COMPANY  
TOPOGRAPHIC MAP**

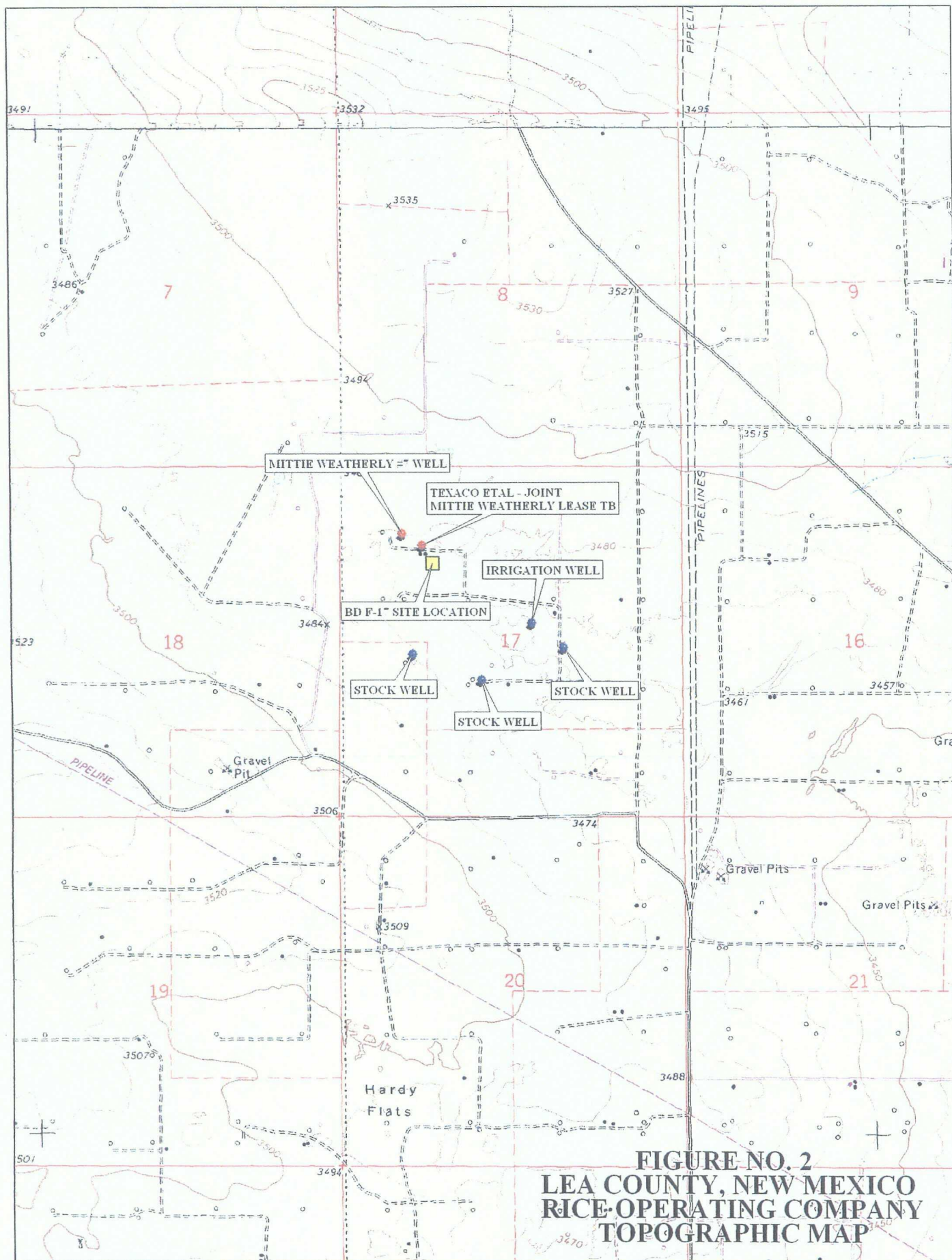


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www.delorme.com

Scale 1 : 50,000  
1" = 4170 ft





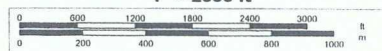


**FIGURE NO. 2**  
**LEA COUNTY, NEW MEXICO**  
**RICE OPERATING COMPANY**  
**TOPOGRAPHIC MAP**



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[www.delorme.com](http://www.delorme.com)

Scale 1 : 24,000  
 1" = 2000 ft





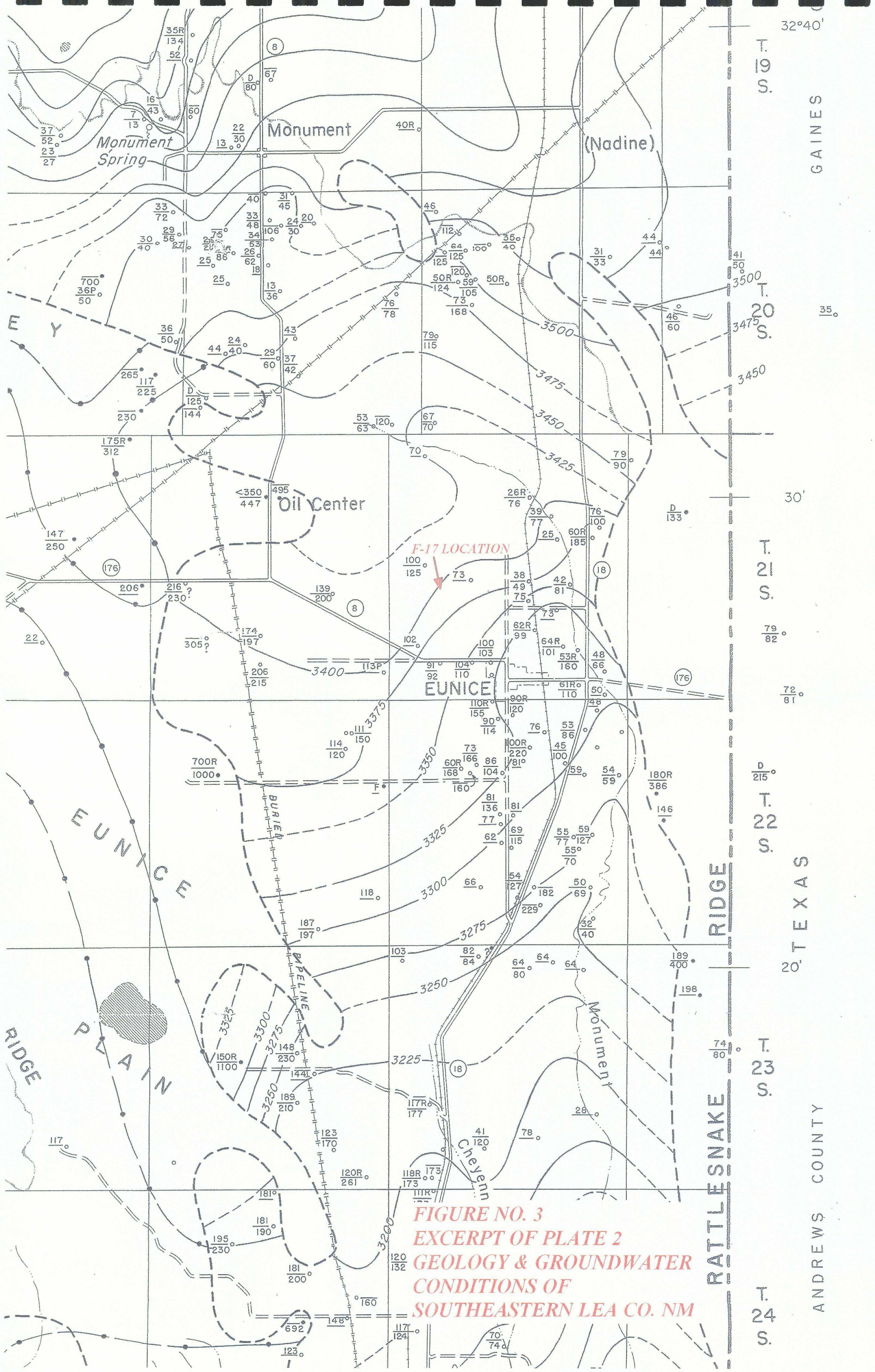


FIGURE NO. 3  
EXCERPT OF PLATE 2  
GEOLOGY & GROUNDWATER  
CONDITIONS OF  
SOUTHEASTERN LEA CO. NM





NOT TO SCALE

**FIGURE NO. 4**

LEA COUNTY, NEW MEXICO

**RICE OPERATING COMPANY  
BD F-17 JUNCTION  
GROUNDWATER MAP**

**HIGHLANDER ENVIRONMENTAL CORP.**  
**MIDLAND, TEXAS**

DATE: 8/14/06

DWN. BY:

FILE:  
C:\RICE\2305  
CROINGWATER MAP



# RICE Operating Company

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

CERTIFIED MAIL

RETURN RECEIPT NO. 7005 1820 0001 6804 7692

January 25, 2006

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

RE: BD jct. F-17  
PUBLIC NOTIFICATION  
NMOCD CASE #AP-47

Mr. Price:

In accordance with Rule 19 (Section 19.15.1.19 NMAC, Subsection G) Public Notice requirements, please accept the enclosed copies of proof that the appropriate individuals and entities were notified of the Stage 1 Abatement Plan submitted by Highlander Environmental Corp. for the F-17 Junction Box Site.

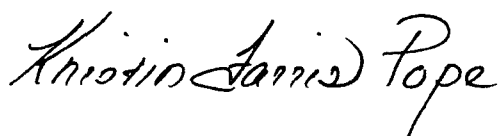
Notices were sent via certified mail to landowners within the prescribed radius and return receipts were received for all landowners, indicating that the mailing was received. Mailings were also sent to the Lea County Commission and the list of Interested Parties found on the New Mexico Oil Conservation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

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

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

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

RICE OPERATING COMPANY

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

Kristin Farris Pope  
Project Scientist

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

cc: CDH, Highlander, file, Daniel Sanchez (NMOCD),

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

# AFFIDAVIT OF PUBLICATION

State of New Mexico,  
County of Lea.

I, KATHI BEARDEN

Publisher

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

of \_\_\_\_\_  
\_\_\_\_\_ weeks.

Beginning with the issue dated

December 24 2005

and ending with the issue dated

December 24 2005

*Kathi Bearden*

Publisher

Sworn and subscribed to before

me this 27th day of

December 2005

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  
December 24, 2005

## NOTICE OF PUBLICATION

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

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

Rice Operating Company, Carolyn Doran Haynes,  
Engineering Manager, Telephone (505) 393-9174, 122  
West Taylor, Hobbs, New Mexico 88240, has submitted  
a Stage I Abatement Plan for the Pipeline Junction F-17  
Blinbry Drinkard Salt Water Disposal System, located  
approximately 2.5 miles northwest of Eunice in Unit  
Letter F, Section 17, Township 21 South, Range 37  
East, Lea County, New Mexico. Rice Operating  
Company operates a saltwater disposal pipeline at the  
site. Chloride impact has been observed in the ground  
water. The Stage I Abatement Plan proposes the  
installation of two (2) additional monitoring wells to  
evaluate groundwater impact and hydraulic gradient.  
Additionally, a water well inventory will be performed to  
encompass a 1/2 mile radius around the site. The  
information generated will be evaluated and utilized to  
develop a groundwater remedy, if necessary. The  
findings will be presented to the NMOCD in a  
subsequent Stage II Abatement Plan. Quarterly sampling  
of all monitor wells will continue until results meet  
approval of the NMOCD. The monitor well results will be  
reported annually until closure.

Any interested person may obtain further information from  
the Oil Conservation Division and may submit written com-  
ments to the Director of the Oil Conservation Division at the  
address given above. The Stage I Abatement Plan Revision  
Proposal may be viewed at the above address or at the Oil  
Conservation Division District Office, 1825 N. French Drive,  
Hobbs, New Mexico 88240, Telephone (505) 393-6161  
between 8:00 a.m. and 4:00 p.m. Monday through Friday.  
Prior to ruling on any proposed Stage I Abatement Plan, the  
Director of the Oil Conservation Division shall allow at least  
thirty (30) days after the date of publication of this notice  
during which written comments may be submitted to him.  
#22039

01104367000 67535128  
RICE OPERATING COMPANY  
122 WEST TAYLOR  
HOBBS, NM 88240



STATE OF NEW MEXICO

County of Bernalillo

SS

Bill Tafoya, being duly sworn, declares and says that he is Classified Advertising Manager of **The Albuquerque Journal**, and that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Session Laws of 1937, and that payment therefore has been made of assessed as court cost; that the notice, copy of which is hereto attached, was published in said paper in the regular daily edition, for 1 times, the first publication being on the 24 day of Dec. 2005 and the subsequent consecutive publications on \_\_\_\_\_, 20\_\_\_\_.

30  
Sworn and subscribed to before me, a Notary Public, in and for the County of Bernalillo and State of New Mexico this 27 day of Dec. of 2005

PRICE \$47.82

Statement to come at end of month.

ACCOUNT NUMBER 082274 My Commission

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

NOTICE OF PUBLICATION

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

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

Rice Operating Company, Carolyn Doran Haynes, Engineering Manager, Telephone (505) 393-9174, 122 West Taylor, Hobbs, New Mexico 88240, has submitted a Stage I Abatement Plan for the Pipeline Junction F-17, Blinberry Drinkard Salt Water Disposal System, located approximately 2.5 miles northwest of Eunice in Unit Letter F, Section 17, Township 21 South, Range 37 East, Lea County, New Mexico. Rice Operating Company operates a saltwater disposal pipeline at the site. Chloride impact has been observed in the groundwater. The Stage I Abatement Plan proposes the installation of two (2) additional monitoring wells to evaluate groundwater impact and hydraulic gradient. Additionally, a water well inventory will be performed to encompass a 1/2 mile radius around the site. The information generated will be evaluated and utilized to develop a groundwater remedy, if necessary. The findings will be presented to the NMOCD in a subsequent Stage II Abatement Plan. Quarterly sampling of all monitor wells will continue until results meet approval of the NMOCD. The monitor well results will be reported annually until closure.

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

Journal: December 24, 2005

**BD jct. F-17**

Unit F, Sec. 17, T21S, R37E

**Public Notice Mailings (12/19/2005)****Stage 1 Abatement Plan**

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

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



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

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

**Kristin Farris Pope**

---

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

Regional Forester:

In accordance with the NMOCD Rule 19 Public Notice requirements, please find the attached public notification document. This document was originally mailed to you on December 19, 2005 but a return receipt was not received.

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

1/23/2006



**Kristin Farris Pope**

---

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

Jay Lazarus:

In accordance with the NMOCD Rule 19 Public Notice requirements, please find the attached public notification document. This document was originally mailed to you on December 19, 2005 but a return receipt was not received.

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

1/23/2006

**DEP: COMPLETE THIS 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:

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

BD F-17

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

7005 1820 0001 6804 8347

Domestic Return Receipt

102595-02-M-15-40

**DEP: COMPLETE THIS 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:

Larsha S. Quinn  
 1308 King  
 Overland Park, KS 66210

F-17

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

Domestic Return Receipt

102595-02-M-15-40

**COMPLETE THIS SECTION ON DELIVERY**

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

CAMPUS STATION  
 SOCORRO NM

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**COMPLETE THIS SECTION ON DELIVERY**

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

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:

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

F-17

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

7005 0390 0000 9980 4477

Domestic Return Receipt

102595-02-M-15

**SENDER: COMPLETE THIS SECTION**

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

Article Addressed to:

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

BD F-17

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

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

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

Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**COMPLETE THIS SECTION ON DELIVERY**

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

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:

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

Article Number  
(Transfer from service label) 7005 1820 0001 6804 8330

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *David Hicks* ☐ Agent ☐ Addressee

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

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

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

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

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

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

Article Number  
(Transfer from service label) 7005 1820 0001 6804 8279

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Chris Shuey* ☐ Agent ☐ Addressee

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

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

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

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

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

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

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

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Mack H. Wooldridge* ☐ Agent ☐ Addressee

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

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

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

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

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

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

Article Number  
(Transfer from service label) 7005 1820 0001 6804 8187

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Chris Shuey* ☐ Agent ☐ Addressee

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

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

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

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number: 7005 1820 0001 6804 5551  
(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-15

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

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

C. Date of Delivery: FEB 21 2005

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.

1. Article Addressed to:

Keith S. Brockhouse  
384 Spirea Drive  
Rockledge, FL 32955

2. Article Number: 7005 0390 0000 9980 4521  
(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

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

C. Date of Delivery: 12-27-05

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 ☐ No

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Samanth J Gaskins  
PO BOX 1861  
Eunice, NM 88231

2. Article Number: 7005 1820 0001 6804 5537  
(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-15

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

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

C. Date of Delivery: 12-21-05

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

If YES, enter delivery address below:

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Sherry L. Barton  
3114 W Kansas  
Hobbs, NM 88240

2. Article Number: 7005 1820 0001 6804 5360  
(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature]

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

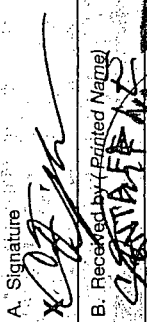
C. Date of Delivery: 12-29-05

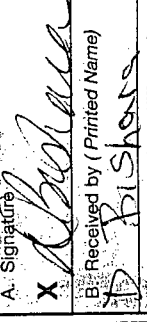
D. Is delivery address different from item 1? ☐ Yes ☐ No

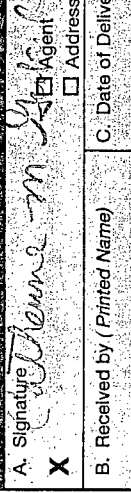
If YES, enter delivery address below:

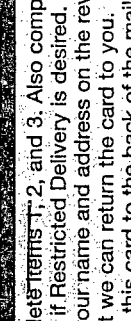
3. Service Type: ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

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

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.	Article Addressed to:  Bureau of Land Management State Director PO BOX 27115 Santa Fe, NM 87502-0115  BDF-17	A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) SANTA FE	C. Date of Delivery DEC 21 2005
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: DEC 21 2005	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Article Number (Transfer from service label) 7005 1820 0001 6804 8293	
Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			

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.	Article Addressed to:  Dr. Harry Bishara PO BOX 748 Cuba, NM 87013  BDF-17	A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) BISHARA	C. Date of Delivery 12-21-05
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: DEC 21 2005	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Article Number (Transfer from service label) 7005 1820 0001 6804 8354	
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-15			

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.	Article Addressed to:  Chief Hazardous Waste Bureau Runnels Building Santa Fe, NM 87504  BDF-17	A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) SANTA FE NM	C. Date of Delivery DEC 28 2005
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: SANTA FE NM	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Article Number (Transfer from service label) 7005 1820 0001 6804 8323	
Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			

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.	Article Addressed to:  NM Oil & Gas Association PO BOX 1864 Santa Fe, NM 87504-1864  BDF-17	A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name) SANTA FE NM	C. Date of Delivery DEC 28 2005
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: SANTA FE NM	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		Article Number (Transfer from service label) 7005 1820 0001 6804 8194	
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-15			

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
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

Article Addressed to:

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

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

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:

Chief  
Groundwater Bureau  
Runnels Building  
Santa Fe, NM 87504

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
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

Article Addressed to:

Chief  
Groundwater Bureau  
Runnels Building  
Santa Fe, NM 87504

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

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

Article Number  
(Transfer from service label) 7005 1820 0001 6804 8156

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

Article Addressed to:

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

Article Number  
(Transfer from service label) 7005 1820 0001 6804 8156

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:

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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
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

Article Addressed to:

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

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

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Joe E. Sims</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Addressed to:  Joe E. Sims Etux, Dorothy PO BOX 338 Eunice, NM 88231		B. Received by (Printed Name) <i>Joe E. Sims</i>	C. Date of Delivery <i>12-22-05</i>
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
Article Number (Transfer from service label) 7005 0390 0000 9980 5315		Domestic Return Receipt Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Charles H. Price</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Addressed to:  Charles H. Price a/k/a Charles H. Price Trustee of Trust Indenture 1 West Armour Suite 300 Kansas City, MO 64111-0287		B. Received by (Printed Name) <i>Charles H. Price</i>	C. Date of Delivery <i>12-21-05</i>
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
Article Number (Transfer from service label) 7005 0390 0000 9980 4545		Domestic Return Receipt Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Charles H. Price</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Addressed to:  Charles H. Price a/k/a Charles H. Price Trustee of Trust Indenture 1 West Armour Suite 300 Kansas City, MO 64111-0287		B. Received by (Printed Name) <i>Charles H. Price</i>	C. Date of Delivery <i>12-21-05</i>
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
Article Number (Transfer from service label) 7005 0390 0000 9980 4545		Domestic Return Receipt Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Joe E. Sims</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Addressed to:  Millard Deck Trust c/o Bank of America/ Time Wolters P.O. Box 270 Midland, TX 79702		B. Received by (Printed Name) <i>Joe E. Sims</i>	C. Date of Delivery <i>12-22-05</i>
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
Article Number (Transfer from service label) 7005 0390 0000 9980 4507		Domestic Return Receipt Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Charles H. Price</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Addressed to:  US Fish & Wildlife Service Field Supervisor 2105 Osuna Road, Northeast Albuquerque, NM 87113-1001		B. Received by (Printed Name) <i>Charles H. Price</i>	C. Date of Delivery <i>12-21-05</i>
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
Article Number (Transfer from service label) 7005 0390 0000 9980 4545		Domestic Return Receipt Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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.		A. Signature <i>Charles H. Price</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Addressed to:  US Fish & Wildlife Service Field Supervisor 2105 Osuna Road, Northeast Albuquerque, NM 87113-1001		B. Received by (Printed Name) <i>Charles H. Price</i>	C. Date of Delivery <i>12-21-05</i>
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
Article Number (Transfer from service label) 7005 0390 0000 9980 4545		Domestic Return Receipt Form 3811, February 2004	

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

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

1. Article Addressed to:

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

2. Article Number  
(Transfer from service label)

7005 1820 0001 6804 8170

PS Form 3811, February 2004

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

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

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

6. Signature  
☒ Agent  
☐ Addressee

7. Received by (Printed Name)  
Grace Rayer

8. Date of Delivery  
12/28/04

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

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

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

12. Article Number  
(Transfer from service label)

7005 1820 0001 6804 8224

PS Form 3811, February 2004

13. 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. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

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

2. Article Number  
(Transfer from service label)

7005 1820 0001 6804 8316

PS Form 3811, February 2004

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

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

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

6. Signature  
☒ Agent  
☐ Addressee

7. Received by (Printed Name)  
Bruce S. Garber

8. Date of Delivery  
12/27

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

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

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

12. Article Number  
(Transfer from service label)

7005 1820 0001 6804 2567

PS Form 3811, February 2004

13. 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. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

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

2. Article Number  
(Transfer from service label)

7005 1820 0001 6804 8316

PS Form 3811, February 2004

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

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

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

6. Signature  
☒ Agent  
☐ Addressee

7. Received by (Printed Name)  
Bruce S. Garber

8. Date of Delivery  
12/27

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

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

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

12. Article Number  
(Transfer from service label)

7005 1820 0001 6804 2567

PS Form 3811, February 2004

13. 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:  
  
Joe Robin Sims  
PO BOX 338  
Eunice, NM 88231  
  
F-17

1. Article Addressed to:  
  
Joe Robin Sims  
PO BOX 338  
Eunice, NM 88231  
  
F-17

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X Boba Sim

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number  
(Transfer from service label) 7005 0390 0000 9980 4446  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:  
  
State Parks & Recreation  
Director  
1220 S St Francis  
Santa Fe, NM 87505  
  
BDF-17

1. Article Addressed to:  
  
State Parks & Recreation  
Director  
1220 S St Francis  
Santa Fe, NM 87505  
  
BDF-17

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature]

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number  
(Transfer from service label) 7005 1820 0001 6804 8217  
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:  
  
Colorado River Basin Ctl. Forum  
Jack A. Barnett  
106 West 500 South, Suite 101  
Bountiful, UT 84010  
  
BDF-17

1. Article Addressed to:  
  
Colorado River Basin Ctl. Forum  
Jack A. Barnett  
106 West 500 South, Suite 101  
Bountiful, UT 84010  
  
BDF-17

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature]

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number  
(Transfer from service label) 7005 1820 0001 6804 2550  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:  
  
New Mexico State Land Office  
Gilbert Borrego  
P.O. Box 1148  
Santa Fe, NM 87504-1148  
  
F-17

1. Article Addressed to:  
  
New Mexico State Land Office  
Gilbert Borrego  
P.O. Box 1148  
Santa Fe, NM 87504-1148  
  
F-17

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature]

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number  
(Transfer from service label) 7005 0390 0000 9980 4460  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Becky Stankland</i>	
B. Received by (Printed Name) C. Date of Delivery <i>Becky Stankland</i> <i>10/20/00</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to:  Ken Marsh CRI PO BOX 388 Hobbs, NM 88241		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 <input type="checkbox"/> No		Article Number (Transfer from service label) 7005 1820 0001 6804 8378	
Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ken Marsh</i>	
B. Received by (Printed Name) C. Date of Delivery <i>Ken Marsh</i> <i>10/20/00</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to:  Ned Kendrick Attorney at Law 325 Paseo de Peralta Santa Fe, NM 87501		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		Article Number (Transfer from service label) 7005 1820 0001 6804 8385	
Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ken Marsh</i>	
B. Received by (Printed Name) C. Date of Delivery <i>Ken Marsh</i> <i>10/20/00</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to:  ea County Administration Office Attn: Lue Ethridge 20 N. Main Street, Suite 4 Bloomington, NM 88260		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 <input type="checkbox"/> No		Article Number (Transfer from service label) 7005 1820 0001 6804 5308	
Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Ken Marsh</i>	
B. Received by (Printed Name) C. Date of Delivery <i>Ken Marsh</i> <i>10/20/00</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
Article Addressed to:  McCasland Ltd Ptd PO BOX 206 Eunice, NM 88231		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 <input type="checkbox"/> No		Article Number (Transfer from service label) 7005 1820 0001 6804 5377	
Form 3811, February 2004		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <b>X</b> <i>W. Ugal</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to:  Attorney General's Office P.O. BOX 1508 Santa Fe, NM 87504		B. Received by (Printed Name)  C. Date of Delivery	
1. Article Addressed to:  Department of Game & Fish Director Villagra Building Santa Fe, NM 87503		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7005 1820 0001 6804 8309		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
3. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
Article Number 7005 1820 0001 6804 8309			
Domestic Return Receipt Form 3811, February 2004			
102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <b>X</b> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to:  Department of Game & Fish Director Villagra Building Santa Fe, NM 87503		B. Received by (Printed Name)  C. Date of Delivery	
1. Article Addressed to:  Department of Game & Fish Director Villagra Building Santa Fe, NM 87503		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7005 1820 0001 6804 2574		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
3. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
Article Number 7005 1820 0001 6804 2574			
Domestic Return Receipt Form 3811, February 2004			
102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <b>X</b> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to:  Water Resources Division State Engineer Bataan Building Santa Fe, NM 87503		B. Received by (Printed Name)  C. Date of Delivery	
1. Article Addressed to:  Water Resources Division State Engineer Bataan Building Santa Fe, NM 87503		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7005 1820 0001 6804 8262		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
3. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
Article Number 7005 1820 0001 6804 8262			
Domestic Return Receipt Form 3811, February 2004			
102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <b>X</b> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Article Addressed to:  Oxy Permian Matthew G. Hyde P.O. Box 4294 Houston, TX 77210-4294		B. Received by (Printed Name)  C. Date of Delivery	
1. Article Addressed to:  Oxy Permian Matthew G. Hyde P.O. Box 4294 Houston, TX 77210-4294		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7005 0390 0000 9980 4491		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
3. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
Article Number 7005 0390 0000 9980 4491			
Domestic Return Receipt Form 3811, February 2004			
102595-02-M-1540			

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

F-17

2. Article Number

(Transfer from service label)

7005 0390 0000 9980 4439

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Robert M. Clady* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

DEC 21 2005

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Jay Lazarus  
PO BOX 5727  
Santa Fe, NM 87502

BD F-17

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 8163

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



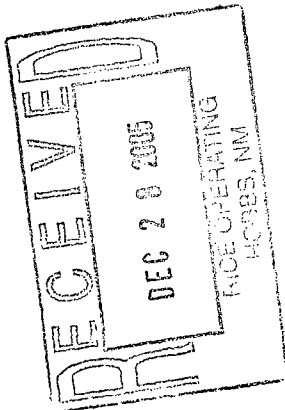
3. Service Type  
☒ Certified Mail ☐ Express Mail NM  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes





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



Main Street Holding Company  
P.O. Box 381  
Shawnee Mission, KS 66201

662013020 IN 08 12/22/05  
RETURN TO SENDER  
NO FORWARD ORDER ON FILE  
UNABLE TO FORWARD  
RETURN TO SENDER

662013020 IN 08 12/22/05

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

7005 0390 0000 9980 4514

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

**OFFICIAL USE**

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

Postmark Here  
DEC 23 2005

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

PS Form 3800, June 2002 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

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

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

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

**SENDER: COMPLETE THIS SECTION**

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

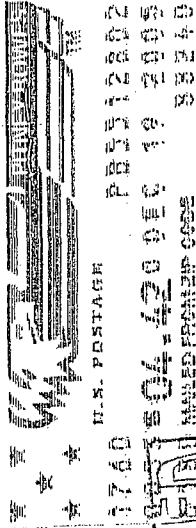
2. Article Number (Transfer from service label)  
7005 0390 0000 9980 4514

PS Form 3811, February 2004

# RICE

Operating Company

122 West Taylor  
Hobbs, NM 88240



7005 0390 0000 9980 4538



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

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

ROUTE NO. DATE 12/28  
CARR./INITIALS

33410/9933

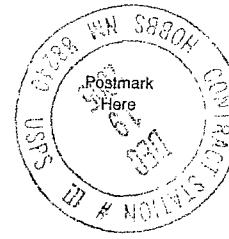
7005 0390 0000 9980 4538

## U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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



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

PS Form 3800, June 2002 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

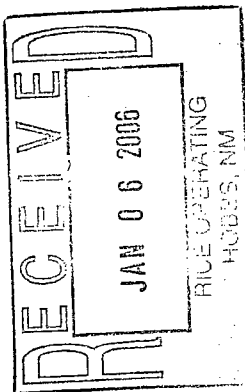
1. Article Addressed to:  
Jan Clair Kemper  
P.O. Box 647  
Palm Beach Gardens, FL 33410

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

7005 0390 0000 9980 4538  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**RICE** Operating Company

122 West Taylor  
Hobbs, NM 88240



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

7005 1820 0001 6804 8231

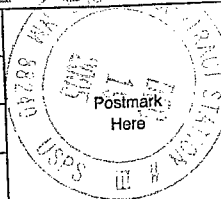
7005 1820 0001 6804 8231

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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



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

BD  
F-17

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

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

2. Article Number

(Transfer from service label)

7005 1820 0001 6804 8231

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

BDF-17

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

7005 1820 0001 6804 5544

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

*[Signature]*

1330  
0015 504-420 950 19 2005  
5172 MAILED FROM ZIP CODE  
H.M. PONYAAN

**RECEIVED**  
JAN 03 2006  
RICE OPERATING  
HOBBS, NM

7005 1820 0001 6804 5544

**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information, visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

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

Postmark Here  
CONTRACT STATION  
JAN 03 2006

Sent To  
Lisa Brockhouse Boalt  
141 East Riverside Drive  
Apt 6-B  
Jupiter, FL 33469  
City, State, ZIP+4  
F-17

PS Form 3800, June 2002 See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Address

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

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

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

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

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
Lisa Brockhouse Boalt  
141 East Riverside Drive  
Apt 6-B  
Jupiter, FL 33469

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

2. Article Number  
(Transfer from service label)  
7005 1820 0001 6804 5544  
PS Form 3811, February 2004 Domestic Return Receipt  
102595-02-M-1540