

Moreno, Leslie, EMNRD

From: Moreno, Leslie, EMNRD
Sent: Tuesday, August 05, 2014 3:14 PM
To: Herrmann, Keith, EMNRD
Cc: Brown, Maxey G, EMNRD
Subject: cert. mail receipt
Attachments: cert. mail receipt.pdf

Hello Mr. Hermann,

Attached is another certified mail receipt with tracking info. Hard copy to follow.

Thank you,

Leslie V. Moreno

NMOC

1625 N. French Dr.

Hobbs, NM 88240

(575)393-6161 xtn. 100



75

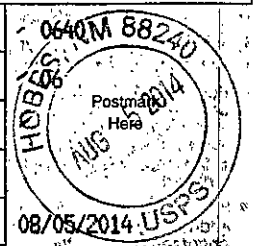
7014 1200 0002 1A26 60A0

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

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

OFFICIAL USE

Postage	\$2.03
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$8.03



Sent To: **HAROLD JAMES RASMUSSEN**
 Street, Apt. No., or PO Box No.: **223 W. WALL STREET SUITE 600**
 City, State, ZIP+4: **MIDLAND, TX 79701**

76

7014 1200 0002 1826 6073

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$1.82
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.82

0640
04 JUL 24 2014
Postmark Here

07/24/2014

Sent To: **HAROLD JAMES RASMUSSEN**
 Street, Apt. No., or PO Box No.: **550 W. TEXAS AVE Suite 200**
 City, State, ZIP+4: **MIDLAND, TX 79701**

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0002 1826 6059

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$1.82
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.82

0640
06 JUL 22 2014
Postmark Here

07/24/2014

Sent To: **PAUL M. O'SULLIVAN / RLI INS. Co.**
 Street, Apt. No., or PO Box No.: **GREENWAY PLAZA Suite 400**
 City, State, ZIP+4: **HOUSTON, TX 77046**

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0002 1826 6066

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$1.82
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.82

0640
06 JUL 22 2014
Postmark Here

07/24/2014

Sent To: **JEFFREY L. FORNACIARI**
 Street, Apt. No., or PO Box No.: **218 MONTEZUMA**
 City, State, ZIP+4: **SANTA FE, NM 87501**

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0002 1826 680

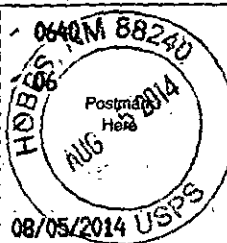
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

MIDLAND, TX 79701

OFFICIAL USE

Postage	\$	\$2.03
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.03



Sent To: **HAROLD JAMES RASMUS**
Street, Apt. No., or PO Box No. **223 W. WALL STREET SUITE 600**
City, State, ZIP+4 **MIDLAND, TX 79701**

PS Form 3800, August 2006

See Reverse for Instructions

7014 1200 0002 1826 6066

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$ 1.82
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.82

Sent To: **JEFFREY L. FORNACIARI**
 Street, Apt. No., or PO Box No. **218 MONTEZUMA**
 City, State, ZIP+4 **SANTA FE, NM 87501**

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0002 1826 6059

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OFFICIAL USE

Postage	\$ 1.82
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.82

Sent To: **PAUL M. O'SULLIVAN / RLI INS. Co.**
 Street, Apt. No., or PO Box No. **GREENWAY PLAZA Suite 400**
 City, State, ZIP+4 **HOUSTON, TX 77046**

PS Form 3800, August 2006 See Reverse for Instructions

7014 1200 0002 1826 6073

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

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

OFFICIAL USE

Postage	\$ 1.82
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.82

Sent To: **HAROLD JAMES RASMUSSEN**
 Street, Apt. No., or PO Box No. **550 W. TEXAS AVE. Suite 200**
 City, State, ZIP+4 **MIDLAND, TX 79701**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>HAROLD JAMES RASMUSSEN 550 W. TEXAS AVE. SUITE 200 MIDLAND, TX 79701</p> </div> <p>2. Article Number (Transfer from service label) 7014 1200 0002 1826 6023</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i> 8-1-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>HAROLD JAMES RASMUSSEN 223 W. WEST WALL SUITE 600 MIDLAND, TX 79701</p> </div> <p>2. Article Number (Transfer from service label) 7014 1200 0002 1826 6080</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Harold J. Rasmussen</i> 8/6/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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>Nancy Cruz</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> PAUL M. O'SULLIVAN RLI INSURANCE CO. GREENWAY PLAZA SUITE 400 HOUSTON, TX 77046 </div>		B. Received by (Printed Name) <i>Nancy Cruz</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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7014 1200 0002 1826 6059	
PS Form 3811, July 2013		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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>Melissa Gallegos</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> JERRFREY L. FORNACIARI 218 MONTEZUMA SANTA FE, NM 87501 </div>		B. Received by (Printed Name) <i>Melissa Gallegos</i>	
		C. Date of Delivery 7-30-14	
		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 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)		7014 1200 0002 1826 6066	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

**STATE OF NEW MEXICO
OFFICE OF THE SUPERINTENDENT OF INSURANCE
CERTIFICATE**

COUNTY OF LEA
STATE OF NEW MEXICO

CASE #15187

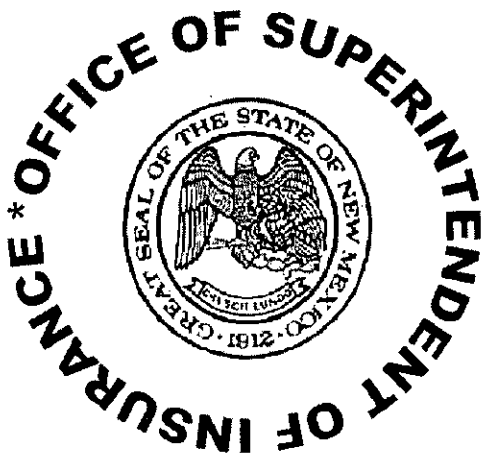
STATE OF NM ENERGY, MINERALS & NATUAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISON,
Plaintiff(s),

VS

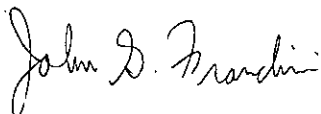
HAL J. RASMUSSEN, HAROLD J. RASMUSSEN, GREGORY J. RASMUSSEN &
PLATINUM EXPLORATION, INC.,
Defendant(s)

ACCEPTANCE OF SERVICE

I, John G. Franchini, Superintendent of Insurance of the State of New Mexico, do hereby certify that a Application for Compliance Order to Hal J. Rasmussen Operating Inc., Application for Compliance Order Against Platinum Exploration, Inc. and Affidavit of Maxey Brown, on the above styled cause was accepted by me on behalf of RLI INSURANCE COMPANY, on August 8, 2014, provided in Section 59A-5-31 and 59A-5-32 NMSA 1978 was received by said company on August 12, 2014, as shown by return receipt by Postmaster.



In Witness Whereof, I have
hereunto set my official seal
on this 15th of August, 2014


Superintendent of Insurance