

STATE OF NEW MEXICO  
COUNTY OF HIDALGO  
SIXTH JUDICIAL DISTRICT

STATE OF NEW MEXICO <i>ex rel.</i>	)	No. D-623-CV 2005-00054
NEW MEXICO STATE ENGINEER,	)	Honorable J.C. Robinson
	)	
Plaintiff,	)	ANIMAS UNDERGROUND WATER
vs.	)	BASIN ADJUDICATION
	)	
ROSETTE, INC., <i>et al.</i> ,	)	Subfile No. AUB-005-0002A
	)	
Respondents.	)	Claimant(s): Donald A. McGhee & Co.
_____	)	

**PROOF OF SERVICE**

The State of New Mexico, *ex rel.* Office of the State Engineer, files proof of service of the return of service for the adjudication packet served on the above Claimant(s). A copy of the green card showing the return of service is attached hereto.

Respectfully submitted,

UTTON & KERY, P. A.  
*Attorney for Plaintiff State of New Mexico ex rel.  
New Mexico State Engineer.*  
317 Commercial Street, N. E.  
Albuquerque, NM 87102  
(505) 379-4203

*Electronically Filed*  
By: /s/Susan C. Kery  
SUSAN C. KERY  
[susan@uttonkery.com](mailto:susan@uttonkery.com)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing was served to counsel of record via the Court’s Odyssey File & Serve System this 1st day of December, 2016:

/s/Susan C. Kery  
SUSAN C. KERY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Donald A McKeet Co. PO Box 700  Lordsburg NM 88045 AUB - <del>0000</del> 005-0002A	B. Received by (Printed Name) C McKeet	C. Date of Delivery 8/4/14
2. Article Number (Transfer from service label)	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 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	
7013 3020 0000 4635 1928		