

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-011-0005B
	)	
Respondents.	)	Claimant(s): Jody Hatch, John Hatch
_____	)	

**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

AUB 011-0005B

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 X <i>John O'Byrne</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Jody Hatch 259 Goat Camp Road Animas, NM 88020  AUB-011-0005B	B. Received by (Printed Name) <i>John O'Byrne</i> C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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) 7005 1160 0001 1044 5830

PS Form 3811, July 2013 Domestic Return Receipt

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 X <i>John O'Byrne</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
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	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)

PS Form 3811, July 2013 Domestic Return Receipt