

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 Jarod K. Hofacket
)	
Plaintiff,)	ANIMAS UNDERGROUND WATER
vs.)	BASIN ADJUDICATION
)	
ROSETTE, INC., <i>et al.</i> ,)	Subfile No. AUB-031-1004
)	
Respondents.)	
_____)	

RETURN OF SERVICE

The State of New Mexico, *ex rel.* Office of the State Engineer, files proof of return of service of process for the following entity. A copy of the return receipt is attached for the following entity, which was served by certified mail, return receipt requested:

<u>Claimant</u>	<u>Service Date</u>
J O Bar Ranch, LLC c/o Amanda Mayfield P.O. Box 9031 Playas, NM 88009	August 14, 2023

Respectfully submitted,

UTTON & KERY, P. A.
*Attorney for Plaintiff State of New Mexico ex rel.
New Mexico State Engineer*
500 Tijeras Ave. NW
Albuquerque, NM 87102
(505) 379-4203

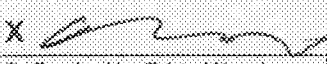

Electronically Filed
By: /s/Susan C. Kery
SUSAN C. KERY
susan@uttonkery.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was mailed to the following claimant and served to the parties of record via the Court's Odyssey File & Serve System this 18th day of August, 2023.

J O Bar Ranch, LLC
c/o Amanda Mayfield
P.O. Box 9031
Playas, NM 88009

/s/Susan C. Kery
SUSAN C. KERY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 8/14/23</p>
<p>J O Bar Ranch, LLC c/o Amanda Mayfield P.O. Box 9031 Playas, NM 88009</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>
 9590 9402 5635 9308 7826 66	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0001 1428 7692 Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	31-1004 Domestic Return Receipt