

**STATE OF NEW MEXICO  
COUNTY OF HIDALGO  
SIXTH JUDICIAL DISTRICT COURT**

<b>STATE OF NEW MEXICO <i>ex rel.</i></b>	)	<b>No. D-623-CV-2005-00054</b>
<b>NEW MEXICO STATE ENGINEER,</b>	)	<b>Honorable Jarod K. Hofacket</b>
	)	
<b>Plaintiff,</b>	)	<b>ANIMAS UNDERGROUND WATER</b>
<b>vs.</b>	)	<b>BASIN ADJUDICATION</b>
	)	
<b>ROSETTE, INC., <i>et al.</i>,</b>	)	<b>Subfile No. AUB-012-0022A</b>
	)	
<b>Respondents.</b>	)	
_____	)	

**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 persons. Copies of the return receipts are attached for the following persons, who were served by certified mail, return receipt requested:

<u>Claimants</u>	<u>Service Date</u>
Connie Jene Hemphill RR 2, Box 15 Cibola, AZ 85328-9700	April 2, 2026
Jay Dee Hemphill 3645 N. Kelishan St. Pahrump, NV 89060-2748	March 31, 2026

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](mailto:susan@uttonkery.com)

**CERTIFICATE OF SERVICE**


I HEREBY CERTIFY that a true and correct copy of the foregoing was mailed to the following claimants and served to the parties of record via the Court's Odyssey File & Serve System this 7th day of April, 2026.

Connie Jene Hemphill  
RR 2, Box 15  
Cibola, AZ 85328-9700

Jay Dee Hemphill  
3645 N. Kelishan St.  
Pahrump, NV 89060-2748

*/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.</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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p>Connie Jene Hemphill  RR 2, Box 15  Cibola, AZ 85328-9700</p>  <p>9590 9402 9654 5199 7744 62</p>	<p>B. Received by (Printed Name) <i>JOZE PSR</i> C. Date of Delivery <i>4/2/26</i></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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2657 2915 24</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>													

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p>JAY Dee Hemphill  3645 Kelishan St.  Pahrump, NV  89060-2748</p>  <p>9590 9402 9654 5199 7744 55</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>3/31/26</i></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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2657 2893 61</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>													