

STATE OF NEW MEXICO  
COUNTY OF HIDALGO  
SIXTH JUDICIAL DISTRICT COURT

FILED 6th JUDICIAL DISTRICT COURT  
Hidalgo County  
5/8/2026 4:36 PM  
KERRI L. CLARK  
CLERK OF THE COURT  
Angela Rodriguez

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-021-0004
	)	
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 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>
Johnny Ruebush P.O. Box 302 Animas, NM 88020-0302	May 5, 2026
Levi Ruebush P.O. Box 302 Animas, NM 88020-0302	May 5, 2026
Tommie Ruebush P.O. Box 37 Animas, NM 88020-0037	May 5, 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 8th day of May, 2026.


Johnny Ruebush  
P.O. Box 302  
Animas, NM 88020-0302

Levi Ruebush  
P.O. Box 302  
Animas, NM 88020-0302

Tommie Ruebush  
P.O. Box 37  
Animas, NM 88020-0037

*/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>Halley White</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:          Johnny Ruebush          Levi Ruebush          P.O. Box 302          Animas, NM 88020-0302</p>  <p>9590 9402 9654 5199 7743 87</p>	<p>B. Received by (Printed Name) <i>Halley White</i> C. Date of Delivery <i>5/5/26</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)          7021 0950 0001 1429 0005</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> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

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