

**BEFORE THE OIL AND GAS CONSERVATION COMMISSION  
STATE OF IDAHO**

In the Matter of Application of AM Idaho, )  
LLC, for Spacing Order and Integration )  
of Unleased Mineral Interest Owners in the )  
SW ¼ Section 10, Township 8 North, )  
Range 5 West, Boise Meridian, )  
Payette County, Idaho )  
AM Idaho, LLC, Applicant. )  
)

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Docket No. CC-2019-OGR-01-002

**NOTICE OF SERVICE**

Applicant AM IDAHO, LLC, hereby provides notice that it served the *Application* in this matter and all supporting exhibits on Shady River LLC, Anadarko Land Corporation, City of Fruitland, The Jimmie R. and Judy A. Hicks Family Trust, Alan R. Grace, Glenda D. Grace, Payette County Clerk, and Karen Oltman, on July 1, 2019. All parties received and signed Certified Mail Return Receipts attached hereto.

DATED this 16 day of July, 2019.

SMITH + MALEK, PLLC



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MICHAEL CHRISTIAN  
Attorney for Applicant

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 16th day of July, 2019, I caused to be served a true and correct copy of the foregoing by the method indicated below, and addressed to all counsel of record as follows:

Kristina Fugate Deputy Attorney General P.O. Box 83720 Boise, ID 83720-0010	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail, return receipt requested <input type="checkbox"/> Overnight Delivery <input type="checkbox"/> Messenger Delivery <input checked="" type="checkbox"/> Email: kristina.fugate@ag.idaho.gov
Joy Vega Deputy Attorney General P.O. Box 83720 Boise, ID 83720-0010	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail, return receipt requested <input type="checkbox"/> Overnight Delivery <input type="checkbox"/> Messenger Delivery <input checked="" type="checkbox"/> Email: joy.vega@ag.idaho.gov
Mick Thomas Division Administrator Idaho Department of Lands P.O. Box 83720 Boise, ID 83720-0050	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail, return receipt requested <input type="checkbox"/> Overnight Delivery <input type="checkbox"/> Messenger Delivery <input checked="" type="checkbox"/> Email: mthomas@idl.idaho.gov
James Thum Idaho Department of Lands P.O. Box 83720 Boise, Idaho 83720-0050	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail, return receipt requested <input type="checkbox"/> Overnight Delivery <input type="checkbox"/> Messenger Delivery <input checked="" type="checkbox"/> Email: jthum@idl.idaho.gov
City of Fruitland Attn: Rick Watkins-City Clerk PO Box 324 Fruitland ID 83619	<input checked="" type="checkbox"/> U.S. Mail <input type="checkbox"/> Certified Mail, return receipt requested <input type="checkbox"/> Overnight Delivery <input type="checkbox"/> Messenger Delivery <input type="checkbox"/> Email

<p>Jimmie and Judy Hicks  1540 NW 6th Ave  Payette, ID 83661</p>	<p><input checked="" type="checkbox"/> U.S. Mail  <input type="checkbox"/> Certified Mail, return receipt requested  <input type="checkbox"/> Overnight Delivery  <input type="checkbox"/> Messenger Delivery  <input type="checkbox"/> Email</p>
<p>Anadarko Land Corp.  Attn: Dale Tingen  1201 Lake Robbins Dr  The Woodlands, TX 77380</p>	<p><input checked="" type="checkbox"/> U.S. Mail  <input type="checkbox"/> Certified Mail, return receipt requested  <input type="checkbox"/> Overnight Delivery  <input type="checkbox"/> Messenger Delivery  <input type="checkbox"/> Email</p>
<p>Shady River, LLC  3500 E. Coast Hwy. Ste 100  Corona Del Mar, CA 92625</p>	<p><input checked="" type="checkbox"/> U.S. Mail  <input type="checkbox"/> Certified Mail, return receipt requested  <input type="checkbox"/> Overnight Delivery  <input type="checkbox"/> Messenger Delivery  <input type="checkbox"/> Email</p>
<p>Alan and Glenda Grace  1755 Killebrew Dr.  Payette, ID 83661</p>	<p><input checked="" type="checkbox"/> U.S. Mail  <input type="checkbox"/> Certified Mail, return receipt requested  <input type="checkbox"/> Overnight Delivery  <input type="checkbox"/> Messenger Delivery  <input type="checkbox"/> Email</p>
<p>Karen Oltman  8970 Hurd Lane  Payette, ID 83661</p>	<p><input checked="" type="checkbox"/> U.S. Mail  <input type="checkbox"/> Certified Mail, return receipt requested  <input type="checkbox"/> Overnight Delivery  <input type="checkbox"/> Messenger Delivery  <input type="checkbox"/> Email</p>
<p>Payette County Clerk  1130 3rd Ave N.  Payette, ID 83661</p>	<p><input checked="" type="checkbox"/> U.S. Mail  <input type="checkbox"/> Certified Mail, return receipt requested  <input type="checkbox"/> Overnight Delivery  <input type="checkbox"/> Messenger Delivery  <input type="checkbox"/> Email</p>

*/s/ Lauren Smyser*

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LAUREN SMYSER

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Shady River LLC  
 3500 East Coast Hwy #100  
 Corona del Mar, CA 92625



9590 9402 4819 9032 1308 73

2. Article Number (Transfer from service label)

7019 0140 0001 0630 1906

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

 No

3. Service Type

- |  |   |
|--|---|
| <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"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Anadarko Land Corp.  
 Attn: Dale Tingen  
 1201 Lake Rossing Drive  
 The Woodlands, Texas 77380



9590 9402 4819 9032 1340 86

2. Article Number (Transfer from service label)

019 0140 0001 0630 1937

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/4/19

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <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"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Fruitland  
 PO Box 324  
 Fruitland, ID 83619



9590 9402 4819 9032 1308 97

2. Article Number (Transfer from service label)

7019 0140 0001 0630 1920

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Marcia Smith*  Agent  
 Addressee

B. Received by (Printed Name)

*Marcia Smith*

C. Date of Delivery

*7/03/19*D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

 Yes No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

The Jimmie R. & Judy A. Hicks  
Family Trust  
1540 NW 6th Avenue  
Payette, ID 83661



9590 9402 4819 9032 1308 66

2. Article Number (Transfer from service label)

7019 0140 0001 0630 1890

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Judy Hicks

 Agent Addressee

B. Received by (Printed Name)

Judy Hicks

C. Date of Delivery

7-3-19

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <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"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alan R. Grace & Glenda D.  
Grace  
1755 Killisnew Drive  
Payette, ID 83661



9590 9402 4819 9032 1340 93

2. Article Number (Transfer from service label)

7019 0140 0001 0630 1944

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/3/19

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <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"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                         | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery over \$500 |   |



**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Payette County Clerk  
 1130 3<sup>rd</sup> Ave N.  
 Payette, ID 83661



9590 9402 4819 9032 1341 09

2. Article Number (Transfer from service label)

7019 0140 0001 0630 195

PS Form 3811, July 2015 PSN 7530-02-000-905

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Mirna Martinez*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

*Mirna Martinez*

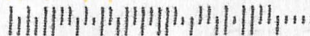
C. Date of Delivery

7-3-19

- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <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"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |



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- 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.

1. Article Addressed to:

Karen Oltman  
 8970 Hard Lane  
 Payette, ID 83661



9590 9402 4819 9032 1308 80

2. Article Number (Transfer from service label)

7019 0140 0001 0630 1913

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 *Karen Oltman*
 Agent Addressee

B. Received by (Printed Name)

*KAREN OLTMAN*

C. Date of Delivery

*7-5-19*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <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"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |