



US Postal Service
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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Postage Required)	\$2.30	
Restricted Delivery Fee (Postage Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

7110 6605 9590 0012 1689

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE OR TO THE RIGHT OF THE RETURN ADDRESS SOLD AT POST OFFICE

CERTIFIED MAIL

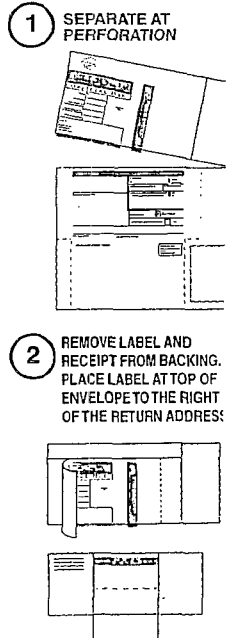
7110 6605 9590 0012 1689

F F WEBSTER IV TRUST EST & TR
 C/O GLENVIEW ST BK
 800 WAUKEGAN RD
 GLENVIEW, IL 60025

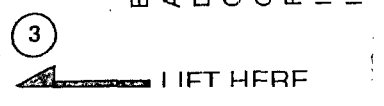
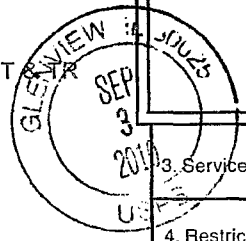
Batch #: 2189
 Article #: 71106605959000121689
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1689	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
F F WEBSTER IV TRUST EST & TR C/O GLENVIEW ST BK 800 WAUKEGAN RD GLENVIEW, IL 60025	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1689	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery
F F WEBSTER IV TRUST EST & TR C/O GLENVIEW ST BK 800 WAUKEGAN RD GLENVIEW, IL 60025	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



Batch #: 2189
 Article #: 71106605959000121689
 Date/Time: 8/31/2010 10:48:43 AM
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Reorder Form LCD 811R rev. 01/07



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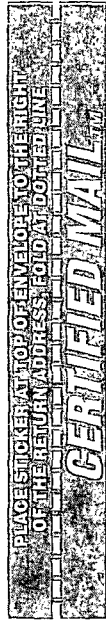
7110 6605 9590 0012 1702

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered to
F LOUIS TUCKER JR
PO BOX 2822
HOUSTON, TX 77252-2822

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1702

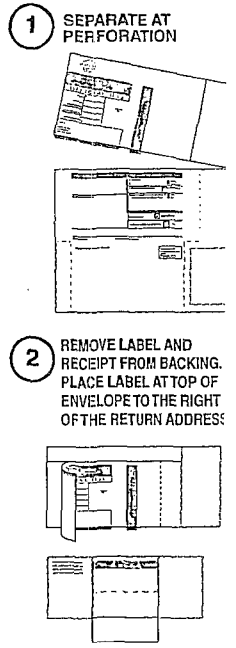
F LOUIS TUCKER JR
PO BOX 2822
HOUSTON, TX 77252-2822

Batch #: 2189
 Article #: 71106605959000121702
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1702	A. Signature X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: F LOUIS TUCKER JR PO BOX 2822 HOUSTON, TX 77252-2822	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

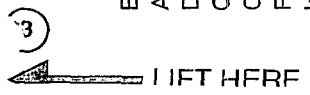
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1702	A. Signature X J. FEIDEN <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: F LOUIS TUCKER JR PO BOX 2822 HOUSTON, TX 77252-2822	B. Received by (Printed Name)	C. Date of Delivery SEP 07 2010
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell

Batch #: 2189
 Article #: 71106605959000121702
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
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 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 1719

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Deliver to
FANNIE SINGLETON
 1126 FOREST DR
 N MYRTLE BEACH, SC 29582

Street, Apt. No.,
 PO Box No.,
 State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



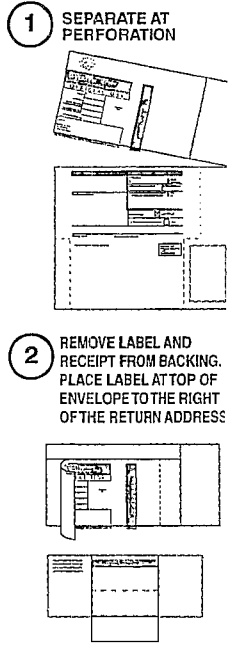
7110 6605 9590 0012 1719

FANNIE SINGLETON
 1126 FOREST DR
 N MYRTLE BEACH, SC 29582

Batch #: 2189
 Article #: 71106605959000121719
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

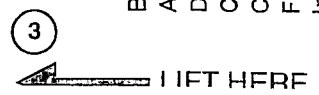
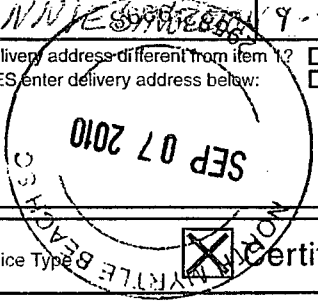
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1719	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FANNIE SINGLETON 1126 FOREST DR N MYRTLE BEACH, SC 29582	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1719	A. Signature X Fannie Singleton	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) FANNIE SINGLETON	C. Date of Delivery 9-7-10
FANNIE SINGLETON 1126 FOREST DR N MYRTLE BEACH, SC 29582	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2189
 Article #: 71106605959000121719
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Send To
FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

Code: Allocation Project - D.Howell

7110 6605 9590 0012 1726

FASKEN FOUNDATION
 PO BOX 2024
 MIDLAND, TX 79702

Batch #: 2189
 Article #: 71106605959000121726
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 1726

1. Article Addressed to:

FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

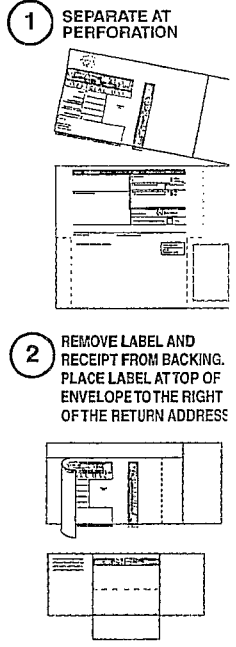
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 1726

1. Article Addressed to:

FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Bonnie Rogers 9-7-16

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

3

Batch #: 2189
 Article #: 71106605959000121726
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
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 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1733

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
 FHW OIL & GAS LTD
 PO BOX 221020
 EL PASO, TX 79913

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. HOLD AT BOTTOM LINE.
CERTIFIED MAIL™

7110 6605 9590 0012 1733

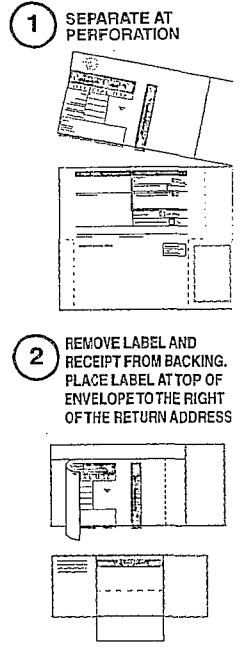
FHW OIL & GAS LTD
 PO BOX 221020
 EL PASO, TX 79913

Batch #: 2189
 Article #: 71106605959000121733
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1733	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FHW OIL & GAS LTD PO BOX 221020 EL PASO, TX 79913	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

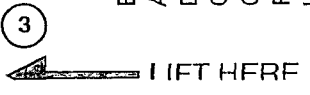
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1733	A. Signature X <i>Frances H. Weaver</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FHW OIL & GAS LTD PO BOX 221020 EL PASO, TX 79913	<i>FRANCES H. Weaver</i>	<i>9/15</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell

Batch #: 2189
 Article #: 71106605959000121733
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

To: **FITTING FAMILY PARTNERSHIP LLC**
 4813 OLD ROUGH RD
 RINER, VA 24149-2113

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL

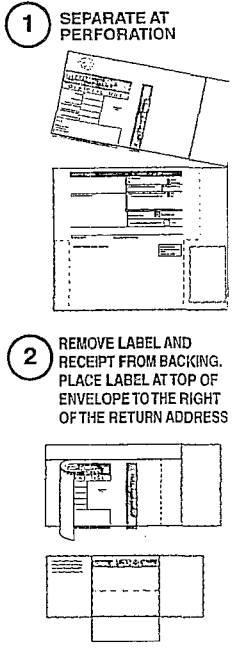
7110 6605 9590 0012 1757

FITTING FAMILY PARTNERSHIP LLC
 4813 OLD ROUGH RD
 RINER, VA 24149-2113

Batch #: 2189
 Article #: 71106605959000121757
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1757	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FITTING FAMILY PARTNERSHIP LLC 4813 OLD ROUGH RD RINER, VA 24149-2113	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1757	A. Signature X <i>Matthew Garden</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Matthew Garden</i>	C. Date of Delivery <i>9-3-10</i>
FITTING FAMILY PARTNERSHIP LLC 4813 OLD ROUGH RD RINER, VA 24149-2113	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2189
 Article #: 71106605959000121757
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 1764

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (postage required)	\$2.30	
Restricted Delivery Fee (postage required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Deliver to:
 FITTING-CHESNUT
 PO BOX 782
 MIDLAND, TX 79702-0782

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1764

FITTING-CHESNUT
 PO BOX 782
 MIDLAND, TX 79702-0782

Batch #: 2189
 Article #: 71106605959000121764
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

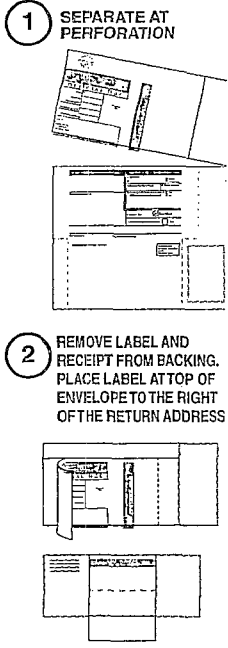
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1764	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FITTING-CHESNUT PO BOX 782 MIDLAND, TX 79702-0782		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

PS Form 3811

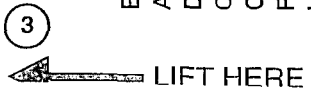
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1764	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FITTING-CHESNUT PO BOX 782 MIDLAND, TX 79702-0782	Victoria Howell	SEP 2 2010
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

PS Form 3811

Domestic Return Receipt



Batch #: 2189
 Article #: 71106605959000121764
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 1771

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

To: **FJJD LIMITED PARTNERSHIP**
PO BOX 22100
OKLAHOMA CITY, OK 73123

Street, Apt. No., PO Box No., State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1771

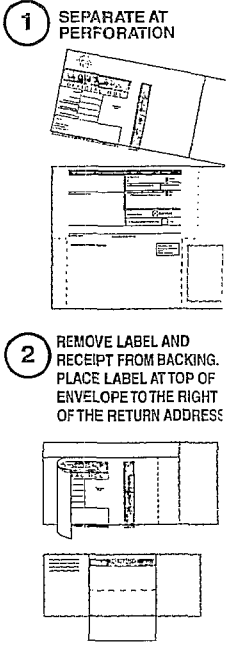
FJJD LIMITED PARTNERSHIP
 PO BOX 22100
 OKLAHOMA CITY, OK 73123

Batch #: 2189
 Article #: 71106605959000121771
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1771	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FJJD LIMITED PARTNERSHIP PO BOX 22100 OKLAHOMA CITY, OK 73123	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

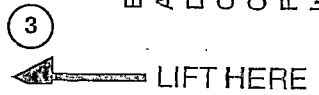
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1771	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FJJD LIMITED PARTNERSHIP PO BOX 22100 OKLAHOMA CITY, OK 73123	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: Allocation Project - D.Howell

Batch #: 2189
 Article #: 71106605959000121771
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
 Information: www.usps.com

7110 6605 9590 0012 1795	
Postage \$	\$1.05
Certified Fee	\$2.80
Return Receipt Fee (Postage Required)	\$2.30
Restricted Delivery Fee (Postage Required)	\$0.00
Total Postage & Fees \$	\$6.15

To: **FORCENERGY ONSHORE INC**
C/O FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Form 3800, August 2008 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 1795

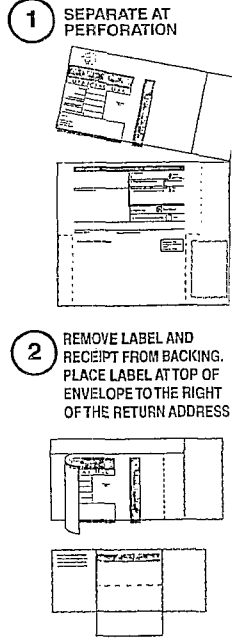
FORCENERGY ONSHORE INC
C/O FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Batch #: 2189
 Article #: 71106605959000121795
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2 Article Number 7110 6605 9590 0012 1795 1. Article Addressed to: FORCENERGY ONSHORE INC C/O FOREST OIL CORP 707 17TH ST, STE 3600 DENVER, CO 80202	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

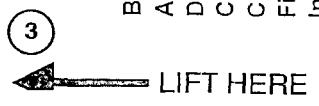
Code: Allocation Project - D.Howell



2 Article Number 7110 6605 9590 0012 1795 1. Article Addressed to: FORCENERGY ONSHORE INC C/O FOREST OIL CORP 707 17TH ST, STE 3600 DENVER, CO 80202	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) S MANISCALDO	C. Date of Delivery 9-3-10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

Batch #: 2189
 Article #: 71106605959000121795
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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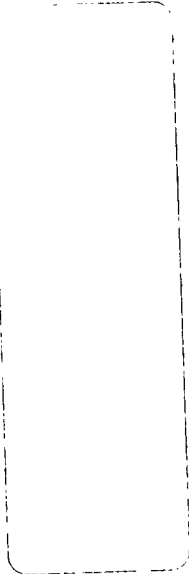
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Deliver to
FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS TO THE DOTTED LINE
CERTIFIED MAIL



7110 6605 9590 0012 1801

FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Batch #: 2189
 Article #: 71106605959000121801
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 1801

1. Article Addressed to:

FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

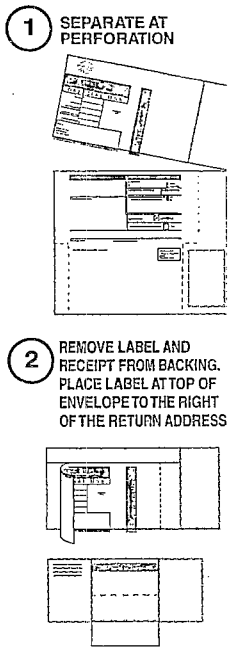
A. Signature Agent
 Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 1801

1. Article Addressed to:

FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

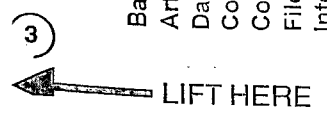
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2189
 Article #: 71106605959000121801
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1818

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Delivered To: **FOSTER MORRELL TRUST**
P O BOX 5383
DENVER, CO 80217

Street, Apt. No.,
 P.O. Box No.,
 City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

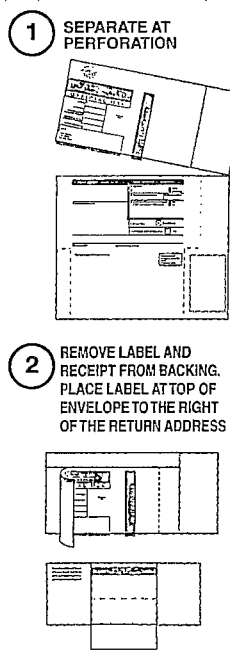
7110 6605 9590 0012 1818

FOSTER MORRELL TRUST
P O BOX 5383
DENVER, CO 80217

Batch #: 2190
 Article #: 71106605959000121818
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1818	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>	
1. Article Addressed to:	<p>FOSTER MORRELL TRUST P O BOX 5383 DENVER, CO 80217</p>	
Code: Allocation Project - D.Howell		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1818	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X Matthew Morrell</p> <p>B. Received by (Printed Name) C. Date of Delivery Matthew Morrell 9-7-10</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>	
1. Article Addressed to:	<p>FOSTER MORRELL TRUST P O BOX 5383 DENVER, CO 80217</p>	
Code: Allocation Project - D.Howell		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Batch #: 2190
 Article #: 71106605959000121818
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

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 7110 6605 9590 0012 1832

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Send To
 Francille Troiani
 12309 Kingsbrook Rd
 Oklahoma City, OK 73142-5114

Form 3800, August 2006. See Reverse for Instructions



Code: Allocation Project - D.Howell

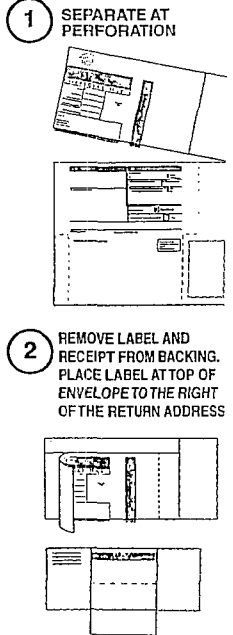
71

FRANCILLE TROIANI
 12309 KINGSBROOK RD
 OKLAHOMA CITY, OK 73142-5114

Batch #: 2190
 Article #: 71106605959000121832
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1832	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FRANCILLE TROIANI 12309 KINGSBROOK RD OKLAHOMA CITY, OK 73142-5114	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1832	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FRANCILLE TROIANI 12309 KINGSBROOK RD OKLAHOMA CITY, OK 73142-5114	LEE R. TROIANI	9/4/10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 71106605959000121832
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1740

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Postage Required)	\$ 2.30	
Restricted Delivery Fee (Postage Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Delivered To
FISHER MAYS INC
5374 S VALDAI WAY
AURORA, CO 80015

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER ON ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 1740

FISHER MAYS INC
5374 S VALDAI WAY
AURORA, CO 80015

Batch #: 2189
 Article #: 71106605959000121740
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number
 7110 6605 9590 0012 1740

1. Article Addressed to:
FISHER MAYS INC
5374 S VALDAI WAY
AURORA, CO 80015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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 Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2. Article Number
 7110 6605 9590 0012 1740

1. Article Addressed to:
FISHER MAYS INC
5374 S VALDAI WAY
AURORA, CO 80015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

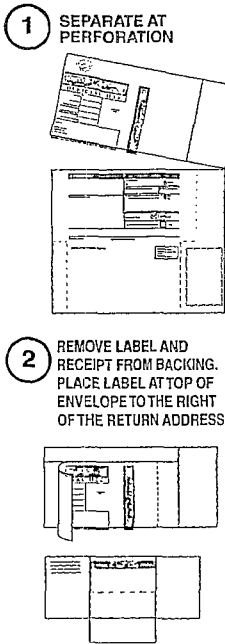
B. Received by (Printed Name) C. Date of Delivery
 Matthews Mays 9-8-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2189
 Article #: 71106605959000121740
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 ← LIFT HERE



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 7110 6605 9590 0012 1825

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Postage Required)	\$2.30	
Restricted Delivery Fee (Postage Required)	\$0.00	
Total Postage & Fees	\$6.15	

To: **FOUR STAR OIL & GAS COMPANY
 NOJV MANAGER
 PO BOX 2100
 HOUSTON, TX 77252**

et, Apt. No.;
 O Box No.
 State, Zip+4

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT BOTTOM LINE
CERTIFIED MAIL™

7110 6605 9590 0012 1825

**FOUR STAR OIL & GAS COMPANY
 NOJV MANAGER
 PO BOX 2100
 HOUSTON, TX 77252**

Batch #: 2190
 Article #: 71106605959000121825
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD-811H rev. 01/07

2. Article Number

7110 6605 9590 0012 1825

1. Article Addressed to:

**FOUR STAR OIL & GAS COMPANY
 NOJV MANAGER
 PO BOX 2100
 HOUSTON, TX 77252**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

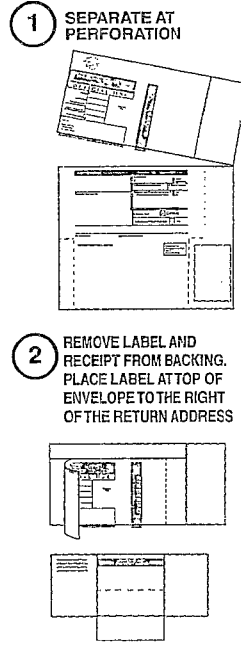
A. Signature Agent
X Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 1825

1. Article Addressed to:

**FOUR STAR OIL & GAS COMPANY
 NOJV MANAGER
 PO BOX 2100
 HOUSTON, TX 77252**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 NOVIC PITHON 9-8-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121825
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Post To: **F J ODENDAHL INVESTMENTS INC**
110 E 7TH AVENUE
COLONA, IL 61241

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
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7110 6605 9590 0012 1696

F J ODENDAHL INVESTMENTS INC
110 E 7TH AVENUE
COLONA, IL 61241

Batch #: 2189
 Article #: 71106605959000121696
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number
 7110 6605 9590 0012 1696

1. Article Addressed to:
F J ODENDAHL INVESTMENTS INC
110 E 7TH AVENUE
COLONA, IL 61241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

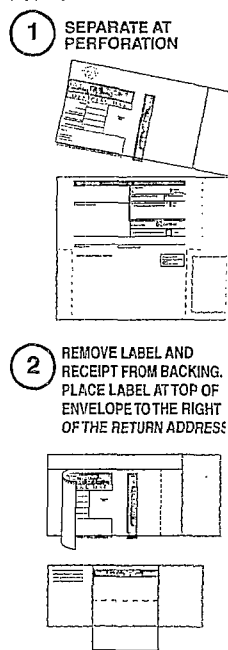
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number
 7110 6605 9590 0012 1696

1. Article Addressed to:
F J ODENDAHL INVESTMENTS INC
110 E 7TH AVENUE
COLONA, IL 61241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Loia J. Odendahl* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
LOIA J. ODENDAHL **9-4-10** *BP*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2189
 Article #: 71106605959000121696
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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 7110 6605 9590 0012 1856

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Postage Required)	\$2.30	
Restricted Delivery Fee (Postage Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

To: FRANK A CRONICAN SR & HARRIETT BAT
 C/O LITTLE OIL & GAS INC
 PO BOX 1258
 FARMINGTON, NM 87499

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS TO OBTAIN CERTIFIED MAIL®
CERTIFIED MAIL®

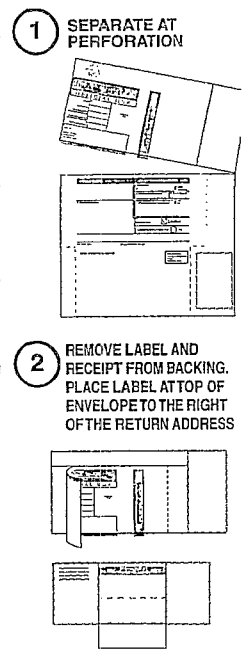
7110 6605 9590 0012 1856

FRANK A CRONICAN SR & HARRIETT BAT
 C/O LITTLE OIL & GAS INC
 PO BOX 1258
 FARMINGTON, NM 87499

Batch #: 2190
 Article #: 71106605959000121856
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCU-811H Rev. 07/07

2: Article Number 7110 6605 9590 0012 1856	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: FRANK A CRONICAN SR & HARRIETT BAT C/O LITTLE OIL & GAS INC PO BOX 1258 FARMINGTON, NM 87499	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2: Article Number 7110 6605 9590 0012 1856	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: FRANK A CRONICAN SR & HARRIETT BAT C/O LITTLE OIL & GAS INC PO BOX 1258 FARMINGTON, NM 87499	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 8/31/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2190
 Article #: 71106605959000121856
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

To: FRANK A POTENZIANI
 POTENZIANI FAMILY PARTNERSHIP
 P O BOX 676370
 RANCHO SANTA FE, CA 92067-6370

Form 3800, August 2005 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1863

FRANK A POTENZIANI
 POTENZIANI FAMILY PARTNERSHIP
 P O BOX 676370
 RANCHO SANTA FE, CA 92067-6370

Batch #: 2190
 Article #: 71106605959000121863
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8111R rev. 01/07

2 Article Number
 7110 6605 9590 0012 1863

1. Article Addressed to:
 FRANK A POTENZIANI
 POTENZIANI FAMILY PARTNERSHIP
 P O BOX 676370
 RANCHO SANTA FE, CA 92067-6370

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

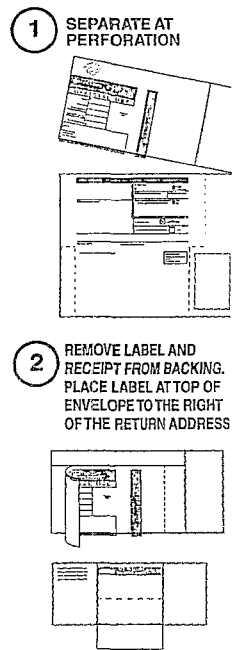
A. Signature
 X Agent
 Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number
 7110 6605 9590 0012 1863

1. Article Addressed to:
 FRANK A POTENZIANI
 POTENZIANI FAMILY PARTNERSHIP
 P O BOX 676370
 RANCHO SANTA FE, CA 92067-6370

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Keegan* Agent
676370 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
Reginald Abce *9/18/10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121863
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1870

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Mail To
FRANK ANDREW FASKEN
 4095 SUNSET VIEW
 PARIS, TX 75462
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 1870

FRANK ANDREW FASKEN
 4095 SUNSET VIEW
 PARIS, TX 75462

Batch #: 2190
 Article #: 71106605959000121870
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2 Article Number

7110 6605 9590 0012 1870

1. Article Addressed to:

FRANK ANDREW FASKEN
 4095 SUNSET VIEW
 PARIS, TX 75462

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

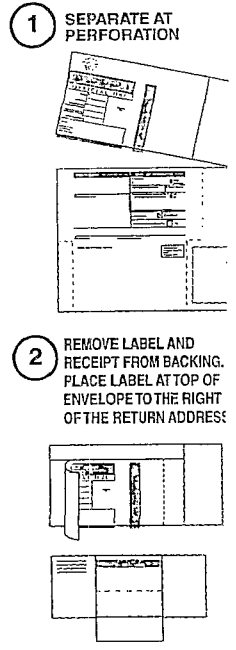
A. Signature
X Agent
 Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 1870

1. Article Addressed to:

FRANK ANDREW FASKEN
 4095 SUNSET VIEW
 PARIS, TX 75462

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Troy West 9-9-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121870
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

sent To: **FRANK B GERSBACH AND MAE B GERSBACH**
 329 RD. 6100, NBU 14 - BOX 8
 KIRKLAND, NM 87417

Street, Apt. No., PO Box No., City, State, Zip+4

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



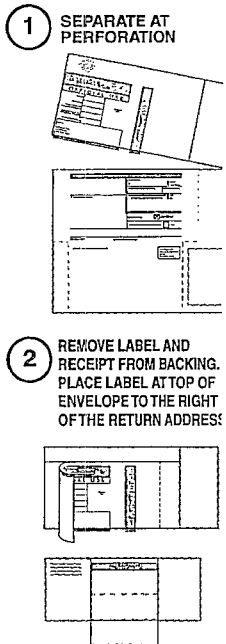
7110 6605 9590 0012 1894

FRANK B GERSBACH AND MAE B GERSBACH
 329 RD. 6100, NBU 14 - BOX 8
 KIRKLAND, NM 87417

Batch #: 2190
 Article #: 71106605959000121894
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCP-841TR rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1894	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
FRANK B GERSBACH AND MAE B GERSBACH 329 RD. 6100, NBU 14 - BOX 8 KIRKLAND, NM 87417	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2190
 Article #: 71106605959000121894
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only; No Insurance Coverage Provided)
Information visit our website at www.usps.com

7110 6605 9590 0012 1788

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Postage To
 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4

FLORENCIA EXPLORATION INC
PO BOX 1817
SAN ANTONIO, TX 78296-1817

PS Form 3811, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 1788

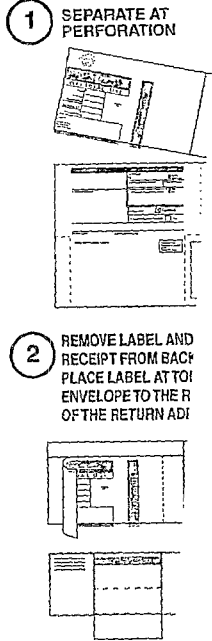
FLORENCIA EXPLORATION INC
 PO BOX 1817
 SAN ANTONIO, TX 78296-1817

Batch #: 2189
 Article #: 71106605959000121788
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1788	A. Signature	<input type="checkbox"/> Agent
	X	<input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
FLORENCIA EXPLORATION INC	If YES enter delivery address below: <input type="checkbox"/> No	
PO BOX 1817	3. Service Type <input checked="" type="checkbox"/> Certified	
SAN ANTONIO, TX 78296-1817	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1788	A. Signature	<input checked="" type="checkbox"/> Agent
	X	<input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
FLORENCIA EXPLORATION INC	If YES enter delivery address below: <input type="checkbox"/> No	
PO BOX 1817	3. Service Type <input checked="" type="checkbox"/> Certified	
SAN ANTONIO, TX 78296-1817	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

3
 LIFT HERE

Batch #: 2189
 Article #: 71106605959000121788
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0013 3484

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

Delivered to
FRANCES LAYLAND
1878 HOOKER OAK
 Street, Apt. No.,
 or PO Box No.
CHICO, CA 95926
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

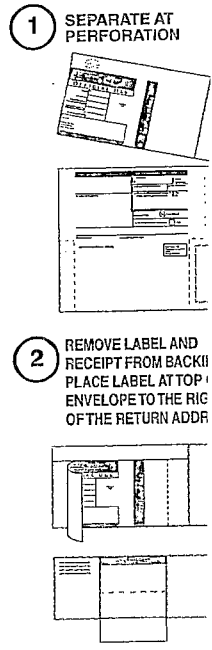
7110 6605 9590 0013 3484

FRANCES LAYLAND
1878 HOOKER OAK
CHICO, CA 95926

Batch #: 2272
 Article #: 71106605959000133484
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3484	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
FRANCES LAYLAND 1878 HOOKER OAK CHICO, CA 95926	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3484	A. Signature <input type="checkbox"/> Agent X <i>John M Silva</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>John Silva</i>	C. Date of Delivery <i>9-20-10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
FRANCES LAYLAND 1878 HOOKER OAK CHICO, CA 95926	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2272
 Article #: 71106605959000133484
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
LIFT HERE



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 7110 6605 9590 0012 1849

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Delivered To: **FRANCIS LEROY CANDELARIA**
PO BOX 348
BLANCO, NM 87412

Street, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1849

FRANCIS LEROY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2190
 Article #: 71106605959000121849
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LC 1000 R rev. 01/07

2. Article Number
 7110 6605 9590 0012 1849

1. Article Addressed to:
FRANCIS LEROY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

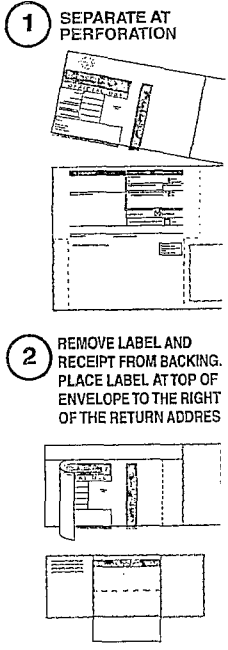
A. Signature Agent Addressee
X

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 1849

1. Article Addressed to:
FRANCIS LEROY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

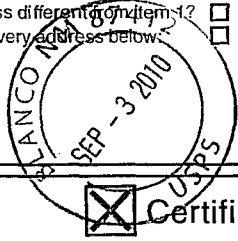
A. Signature Agent Addressee
X Francis Candelaria

B. Received by (Printed Name) C. Date of Delivery
 9-10-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2190
 Article #: 71106605959000121849
 Date/Time: 8/31/2010 11:33:26 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1900

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Postage to: FRANK CRONICAN SR
 C/O LITTLE OIL & GAS INC AGENT
 PO BOX 1258
 FARMINGTON, NM 87499-1258

Street, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1900

FRANK CRONICAN SR
 C/O LITTLE OIL & GAS INC AGENT
 PO BOX 1258
 FARMINGTON, NM 87499-1258

Batch #: 2190
 Article #: 711066059590000121900
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LC 3800 R rev. 01/07

2. Article Number

7110 6605 9590 0012 1900

1. Article Addressed to:

FRANK CRONICAN SR
 C/O LITTLE OIL & GAS INC AGENT
 PO BOX 1258
 FARMINGTON, NM 87499-1258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

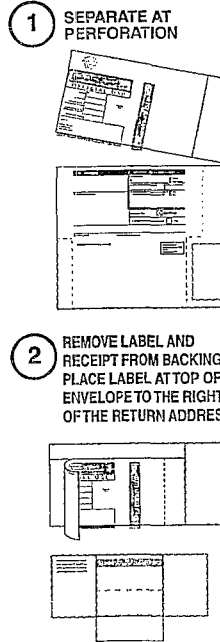
A. Signature Agent Addressee
 X

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 1900

1. Article Addressed to:

FRANK CRONICAN SR
 C/O LITTLE OIL & GAS INC AGENT
 PO BOX 1258
 FARMINGTON, NM 87499-1258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

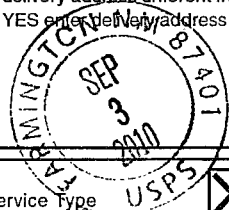
A. Signature Agent Addressee
 X *Suzylee*

B. Received by (Printed Name) C. Date of Delivery
 SUZYLEE 9/03/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2190
 Article #: 711066059590000121900
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 1887

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Post To
**FRANK B GERSBACH &
 RR 2 BOX 11
 SAPELLO, NM 87745**

Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1887

FRANK B GERSBACH &
 RR 2 BOX 11
 SAPELLO, NM 87745

Batch #: 2190
 Article #: 71106605959000121887
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LC 3811 R rev. 01/07

2. Article Number

7110 6605 9590 0012 1887

1. Article Addressed to:

**FRANK B GERSBACH &
 RR 2 BOX 11
 SAPELLO, NM 87745**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

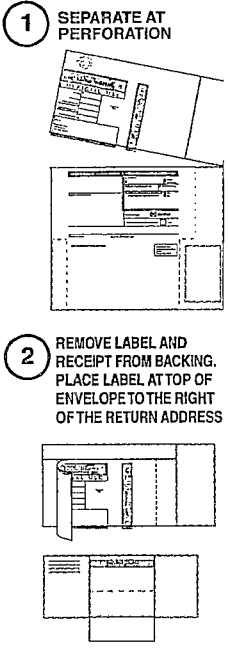
A. Signature Agent
 Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

**Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499**

Batch #: 2190
 Article #: 71106605959000121887
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1924

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered to: **FRANK M. ELAM**
16015 DIANA LANE
HOUSTON, TX 77062

Postnet, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006 Edition. See Reverse for Instructions

Code: Allocation Project - D.Howell



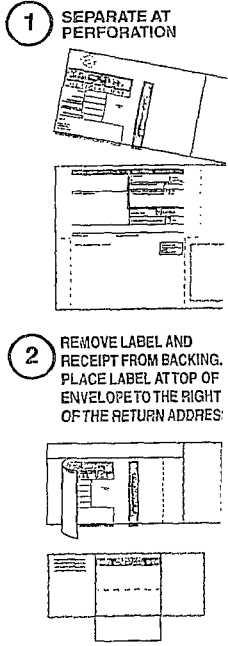
7110 6605 9590 0012 1924

FRANK M. ELAM
16015 DIANA LANE
HOUSTON, TX 77062

Batch #: 2190
 Article #: 71106605959000121924
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 11/01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1924	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FRANK M. ELAM 16015 DIANA LANE HOUSTON, TX 77062	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1924	A. Signature X <i>Frank M. Elam</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>F. Elam</i>	C. Date of Delivery <i>8/31/10</i>
FRANK M. ELAM 16015 DIANA LANE HOUSTON, TX 77062	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2190
 Article #: 71106605959000121924
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1931

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Send To
 Fred E Turner
 ONE ENERGY SQUARE, STE 852
 4925 GREENVILLE AVE STE 852
 DALLAS, TX 75206-4015

Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

Form 3800, August 2006, v. 1. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1931

FRED E TURNER
 ONE ENERGY SQUARE, STE 852
 4925 GREENVILLE AVE STE 852
 DALLAS, TX 75206-4015

Batch #: 2190
 Article #: 71106605959000121931
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCT 10/07 rev. 01/07

2. Article Number
 7110 6605 9590 0012 1931

1. Article Addressed to:
 FRED E TURNER
 ONE ENERGY SQUARE, STE 852
 4925 GREENVILLE AVE STE 852
 DALLAS, TX 75206-4015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

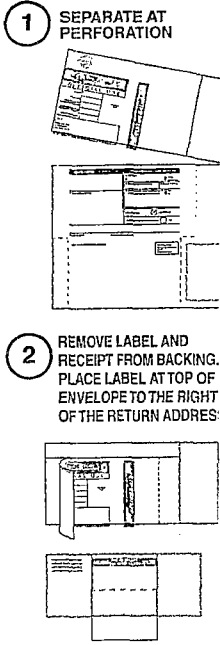
A. Signature Agent
 Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 1931

1. Article Addressed to:
 FRED E TURNER
 ONE ENERGY SQUARE, STE 852
 4925 GREENVILLE AVE STE 852
 DALLAS, TX 75206-4015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

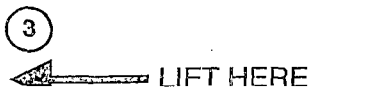
B. Received by (Printed Name) C. Date of Delivery
 D.H. Howell 8/14

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121931
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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 Information view our website at www.usps.com
 7110 6605 9590 0012 1948

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Postage Required)	\$2.30	
Restricted Delivery Fee (Postage Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered To: **FRED ELDON SPENCER**
10717 CRYSTAL CREEK DR
MUSTANG, OK 73064-9382

Postnet, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



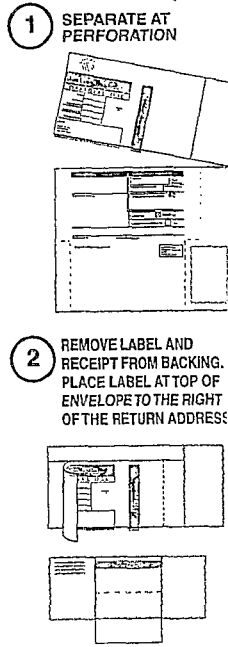
7110 6605 9590 0012 1948

FRED ELDON SPENCER
 10717 CRYSTAL CREEK DR
 MUSTANG, OK 73064-9382

Batch #: 2190
 Article #: 71106605959000121948
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCP 3811 R rev. 01/07

2. Article Number 7110 6605 9590 0012 1948	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: FRED ELDON SPENCER 10717 CRYSTAL CREEK DR MUSTANG, OK 73064-9382	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number 7110 6605 9590 0012 1948	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: FRED ELDON SPENCER 10717 CRYSTAL CREEK DR MUSTANG, OK 73064-9382	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2190
 Article #: 71106605959000121948
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Send To
 Street, Apt. No., PO Box No., City, State, Zip+4

**FREDDA LOUISE BLACK
 ATTN BILL HILL
 310 W WALL ST SUITE 1200
 MIDLAND, TX 79701**

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1955

**FREDDA LOUISE BLACK
 ATTN BILL HILL
 310 W WALL ST SUITE 1200
 MIDLAND, TX 79701**

Batch #: 2190
 Article #: 71106605959000121955
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3811R rev. 01/07

2. Article Number

7110 6605 9590 0012 1955

1. Article Addressed to:

**FREDDA LOUISE BLACK
 ATTN BILL HILL
 310 W WALL ST SUITE 1200
 MIDLAND, TX 79701**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

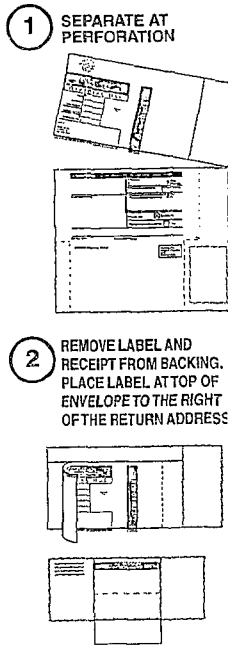
A. Signature Agent
 Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 1955

1. Article Addressed to:

**FREDDA LOUISE BLACK
 ATTN BILL HILL
 310 W WALL ST SUITE 1200
 MIDLAND, TX 79701**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

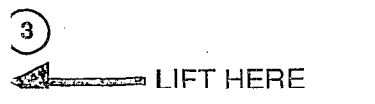
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121955
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3491

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	

sent To **FREDERIC L KIRGIS**
15 GREY DOVE RD

LEXINGTON, VA 24450

Street, Apt. No.,
 or PO Box No.,
 City, State, Zip+4

PS Form 3800, August 2005 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3491

FREDERIC L KIRGIS
15 GREY DOVE RD
LEXINGTON, VA 24450

Batch #: 2272
 Article #: 71106605959000133491
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0013 3491

1. Article Addressed to:

FREDERIC L KIRGIS
15 GREY DOVE RD
LEXINGTON, VA 24450

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

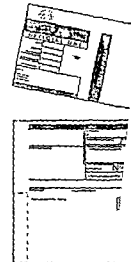
B. Received by (Printed Name) C. Date of Delivery

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

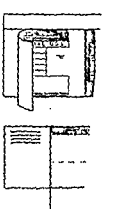
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETU



2. Article Number

7110 6605 9590 0013 3491

1. Article Addressed to:

FREDERIC L KIRGIS
15 GREY DOVE RD
LEXINGTON, VA 24450

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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 Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133491
 Date/Time: 9/14/2010 3:26:44 PM
 Code:

3





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 7110 6605 9590 0012 1962

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Postage to: **FREDERICK F WEBSTER JR SELF DECL RE**
945 WOODLAND DR
GLENVIEW, IL 60025

Post Office, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1962

FREDERICK F WEBSTER JR SELF DECL RE
945 WOODLAND DR
GLENVIEW, IL 60025

Batch #: 2190
 Article #: 71106605959000121962
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LC 7110 rev. 01/07

2. Article Number

7110 6605 9590 0012 1962

1. Article Addressed to:

FREDERICK F WEBSTER JR SELF DECL RE
945 WOODLAND DR
GLENVIEW, IL 60025

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

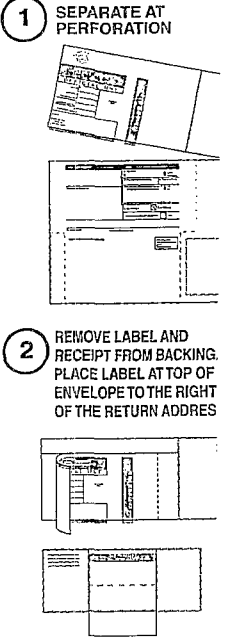
A. Signature Agent Addressee
X

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 1962

1. Article Addressed to:

FREDERICK F WEBSTER JR SELF DECL RE
945 WOODLAND DR
GLENVIEW, IL 60025

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 9/2/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121962
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 1979

Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Postage to: **FREDERICKSBURG ROYALTY LTD**
PO BOX 1481
SAN ANTONIO, TX 78295-1481

Form 3800, August 2006. See reverse for instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1979

FREDERICKSBURG ROYALTY LTD
 PO BOX 1481
 SAN ANTONIO, TX 78295-1481

Batch #: 2190
 Article #: 71106605959000121979
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 1979

1. Article Addressed to:

FREDERICKSBURG ROYALTY LTD
PO BOX 1481
SAN ANTONIO, TX 78295-1481

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

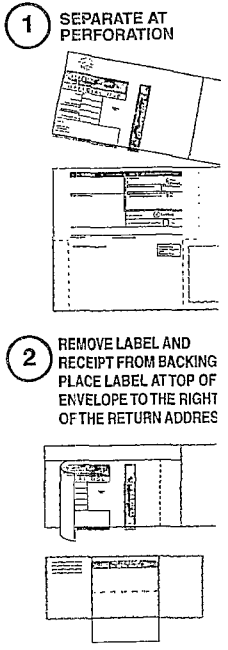
A. Signature Agent
X Addressee

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 Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 1979

1. Article Addressed to:

FREDERICKSBURG ROYALTY LTD
PO BOX 1481
SAN ANTONIO, TX 78295-1481

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Dora Moreno SEP 08 2010

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121979
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Postmark Here

Code: Allocation Project - D.Howell

7110 6605 9590 0012 1986

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL™

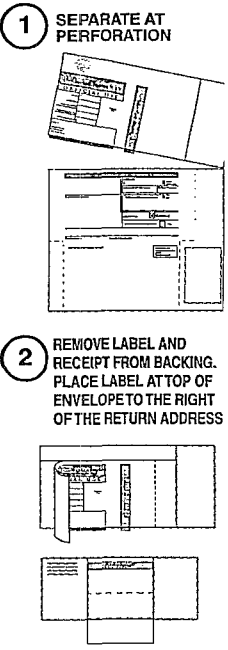
FREEMAN RODNEY FITTING
 C/O B L HARBERT INTERNATIONAL LLC
 3537 MITCHELL LANE
 BESSEMER, AL 35023

Batch # 2190
 Article #: 71106605959000121986
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006. See Reverse for Instructions

Reorder Form LC 3811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1986	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FREEMAN RODNEY FITTING C/O B L HARBERT INTERNATIONAL LLC 3537 MITCHELL LANE BESSEMER, AL 35023	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

Lisa Hunter, Land Department
 SJBUConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2190
 Article #: 71106605959000121986
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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 7110 6605 9590 0012 1993

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

Post To: **FRIEDA M HOLT**
151 WOODPECKER LN
PORT MATILDA, PA 16870

Post, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1993

FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870

Batch #: 2190
 Article #: 71106605959000121993
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3811R rev. 01/07

2. Article Number

7110 6605 9590 0012 1993

1. Article Addressed to:

FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

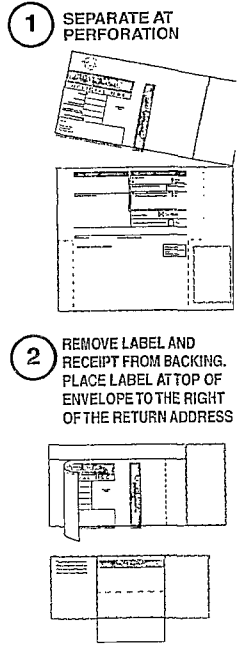
A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 1993

1. Article Addressed to:

FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Carl M Fisher*

B. Received by (Printed Name) C. Date of Delivery
CARL M. FISHER **9/9/10**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000121993
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 2006

Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To: **FRIEDA M HOLT**
151 WOODPECKER LN
PORT MATILDA, PA 16870

Post, Apt. No., PO Box No., City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



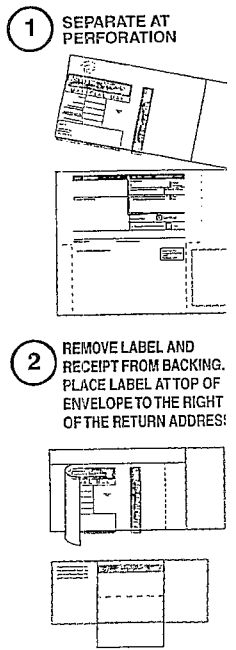
7110 6605 9590 0012 2006

FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870

Batch #: 2190
 Article #: 71106605959000122006
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 41R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2006	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FRIEDA M HOLT 151 WOODPECKER LN PORT MATILDA, PA 16870		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2006	A. Signature <input type="checkbox"/> Agent X <i>Carl M. Fisher</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FRIEDA M HOLT 151 WOODPECKER LN PORT MATILDA, PA 16870	CARL M. FISHER	9/9/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2190
 Article #: 71106605959000122006
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

