



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 6738

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	

ent To
 street, Apt. No.;
 PO Box No.
 city, State, Zip+4

ODYSSEY ROYALTIES LLC
8261 S MONACO CT
CENTENNIAL, CO 80112

Form 3811, August 2005 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 6738

ODYSSEY ROYALTIES LLC
8261 S MONACO CT
CENTENNIAL, CO 80112

Batch #: 2194
 Article #: 71106605959000126738
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6738	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	
ODYSSEY ROYALTIES LLC 8261 S MONACO CT CENTENNIAL, CO 80112	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

UNITED STATES POSTAL SERVICE



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

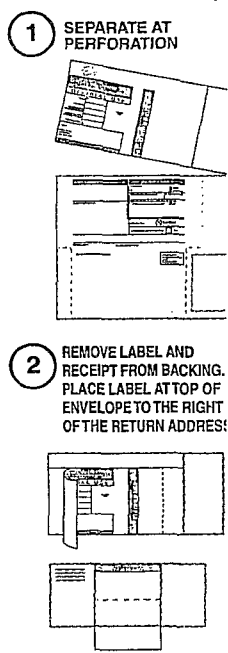
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2194
 Article #: 71106605959000126738
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

LIFT HERE

Reorder Form LCD rev. 01/07





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7110 6605 9590 0012 6745

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

sent To **OIL & GAS DISTRIBUTION ACCT FASKEN**
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



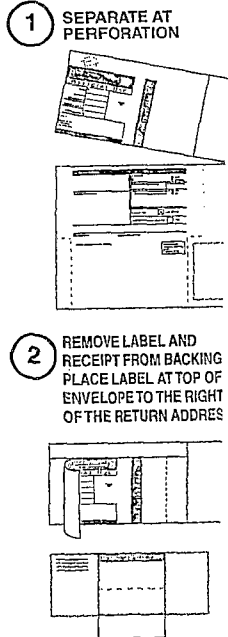
7110 6605 9590 0012 6745

OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

Batch #: 2194
 Article #: 71106605959000126745
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6745	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OIL & GAS DISTRIBUTION ACCT FASKEN ACCT 050515115100 PO BOX 5383 DENVER, CO 80217	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 6745	A. Signature <input type="checkbox"/> Agent <i>X Matthew Anderson</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OIL & GAS DISTRIBUTION ACCT FASKEN ACCT 050515115100 PO BOX 5383 DENVER, CO 80217	<i>Matthew Anderson</i>	<i>9-7-10</i>
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 #: 2194
 Article #: 71106605959000126745
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 6752

Postage	\$		Postmark Here
	\$1.05		
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
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6752

OMIMEX PETROLEUM INC
 2001 BEACH ST, STE 810
 FORT WORTH, TX 76103

Batch #: 2194
 Article #: 71106605959000126752
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6752

1. Article Addressed to:

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

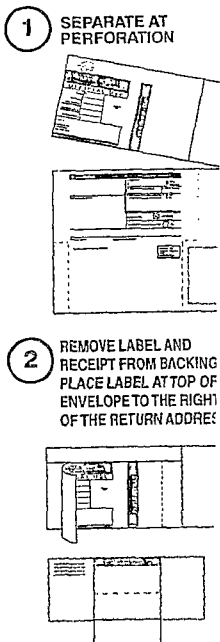
B. Received by (Printed Name) C. Date of Delivery

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

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 6752

1. Article Addressed to:

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

COMPLETE THIS SECTION ON DELIVERY

A: Signature Agent
 Addressee

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

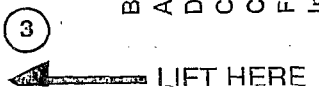
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2194
 Article #: 71106605959000126752
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 6769

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

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

ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6769

ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

Batch #: 2194
 Article #: 71106605959000126769
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6769

1. Article Addressed to:

ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

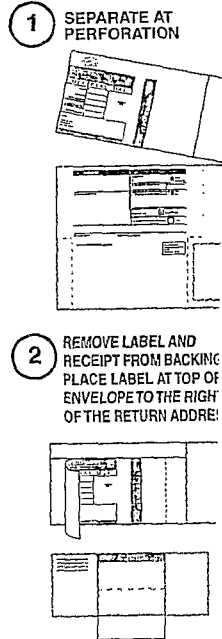
A. Signature Agent
X Addressee

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 6769

1. Article Addressed to:

ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

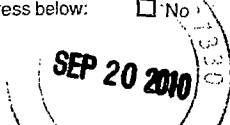
B. Received by (Printed Name) C. Date of Delivery

Oneida Coberly

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

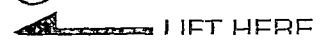
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2194
 Article #: 71106605959000126769
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
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 File #:
 Internal File #:
 Internal Code #:

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7110 6605 9590 0012 6776

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

**ORALIA CASAUS JARAMILLO
 BOX 8075 HIGHWAY 4
 JEMEZ PUEBLO, NM 87024**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6776

**ORALIA CASAUS JARAMILLO
 BOX 8075 HIGHWAY 4
 JEMEZ PUEBLO, NM 87024**

Batch #: 2194
 Article #: 71106605959000126776
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6776

1. Article Addressed to:

**ORALIA CASAUS JARAMILLO
 BOX 8075 HIGHWAY 4
 JEMEZ PUEBLO, NM 87024**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

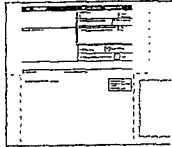
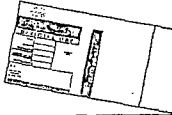
B. Received by (Printed Name) C. Date of Delivery

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

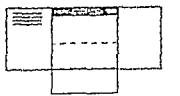
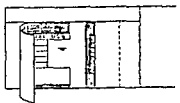
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0012 6776

1. Article Addressed to:

**ORALIA CASAUS JARAMILLO
 BOX 8075 HIGHWAY 4
 JEMEZ PUEBLO, NM 87024**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Elizabeth Jaramillo 9.03.2010

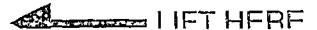
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2194
 Article #: 71106605959000126776
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 6783

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:
OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

From Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6783

OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

Batch #: 2194
 Article #: 71106605959000126783
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 6783

1. Article Addressed to:
OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

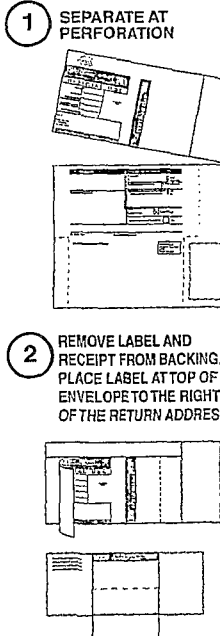
A. Signature Agent Addressee
X

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 6783

1. Article Addressed to:
OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Sarah Martinez*

B. Received by (Printed Name) C. Date of Delivery
Sarah Martinez 9/3/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2194
 Article #: 71106605959000126783
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
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 Internal File #:
 Internal Code #:



LIFT HERE



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7110 6605 9590 0012 6790

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

Postage To: **OTTERBELT LLL**
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6790

OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

Batch #: 2194
 Article #: 71106605959000126790
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6790

1. Article Addressed to:

OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

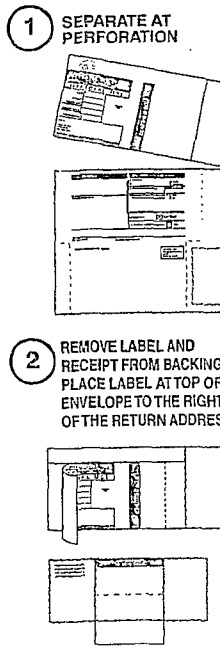
A. Signature Agent Addressee
X

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 No



2. Article Number

7110 6605 9590 0012 6790

1. Article Addressed to:

OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Mike Belt

B. Received by (Printed Name) C. Date of Delivery
MIKE BELT **9-15-10**

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 No

Batch #: 2194
 Article #: 71106605959000126790
 Date/Time: 8/31/2010 12:34:14 PM
 Code: Allocation Project - D.Howell
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 File #:
 Internal File #:
 Internal Code #:

3