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7110 6605 9590 0012 6738

Postage	\$		Postmark Here
	\$1.05		
Certified Fee	\$2.80		
Return Receipt Fee (endorsement Required)	\$2.30		
Restricted Delivery Fee (endorsement Required)	\$0.00		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.15</b>	

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

**ODYSSEY ROYALTIES LLC**  
**8261 S MONACO CT**  
**CENTENNIAL, CO 80112**

PS Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell

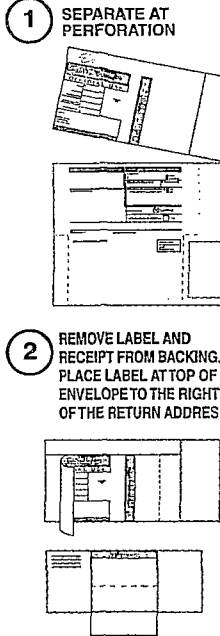
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

7110 6605 9590 0012 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 #:

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6738	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ODYSSEY ROYALTIES LLC 8261 S MONACO CT CENTENNIAL, CO 80112	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**  
**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	\$	\$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: **OIL & GAS DISTRIBUTION ACCT FASKEN**  
**ACCT 050515115100**  
**PO BOX 5383**  
**DENVER, CO 80217**

PS Form 3800, August 2006, N-1 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**

7110 6605 9590 0012 6745

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

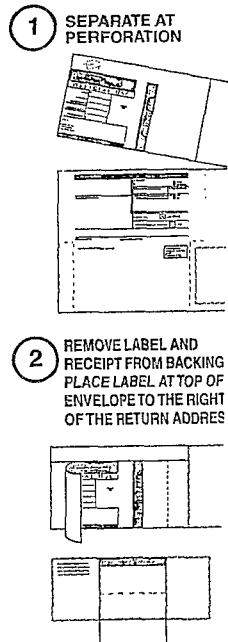
A. Signature  Agent  
**X**  Addressee

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 6745

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X Matthew Kadon**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
**Matthew Kadon 9-7-10**

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 #: 2194  
 Article #: 71106605959000126745  
 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 6752

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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



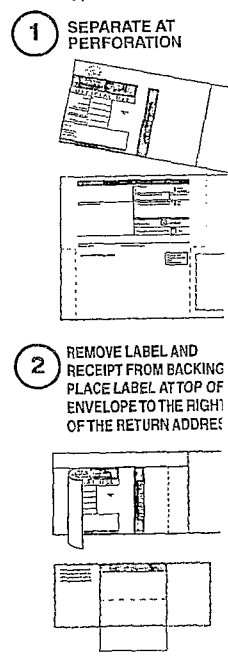
7110 6605 9590 0012 6752

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 #:

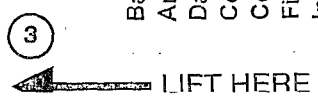
Reorder Form LCD rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6752	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OMIMEX PETROLEUM INC 2001 BEACH ST, STE 810 FORT WORTH, TX 76103		
	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6752	A: Signature <input type="checkbox"/> Agent <b>X</b> Julie Allen <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OMIMEX PETROLEUM INC 2001 BEACH ST, STE 810 FORT WORTH, TX 76103	J Allen	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 #: 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
	\$1.05		
Certified Fee	\$2.80		
Return Receipt Fee (endorsement Required)	\$2.30		
Restricted Delivery Fee (endorsement Required)	\$0.00		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.15</b>	

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

**ONEIDA COBERLY**  
**PO BOX 372**  
**AZTEC, NM 87410**

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



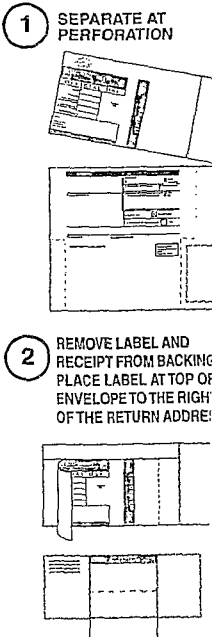
7110 6605 9590 0012 6769

ONEIDA COBERLY  
 PO BOX 372  
 AZTEC, NM 87410

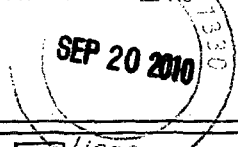
Batch #: 2194  
 Article #: 71106605959000126769  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD- rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6769	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
ONEIDA COBERLY PO BOX 372 AZTEC, NM 87410	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		

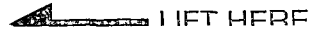


<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6769	A. Signature <b>X</b> <i>Oneida Coberly</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Oneida Coberly</i>	C. Date of Delivery
ONEIDA COBERLY PO BOX 372 AZTEC, NM 87410	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 #: 2194  
 Article #: 71106605959000126769  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

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Postage	\$		Postmark Here
		\$1.05	
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.15</b>	

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

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

Form 3811, 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**

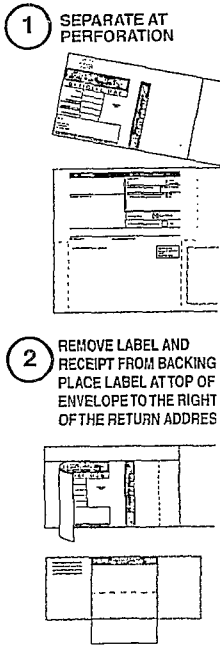
A. Signature  Agent  
**X**  Addressee

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



**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**

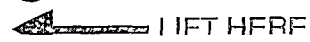
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

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 #:

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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	

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

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



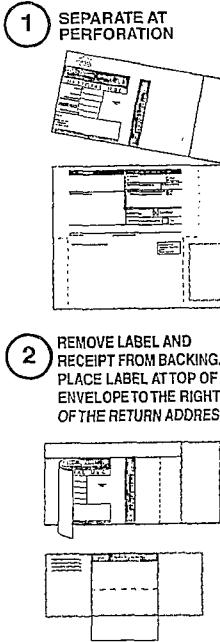
7110 6605 9590 0012 6783

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

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6783	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OROCO LLC 13170B CENTRAL SE PMB 325 ALBUQUERQUE, NM 87123		
	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		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6783	A. Signature <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b> <i>Sarah Martinez</i>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OROCO LLC 13170B CENTRAL SE PMB 325 ALBUQUERQUE, NM 87123	<i>Sarah Martinez</i>	<i>9/3/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" 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 #: 2194  
 Article #: 71106605959000126783  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
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 Internal Code #:

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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 **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**

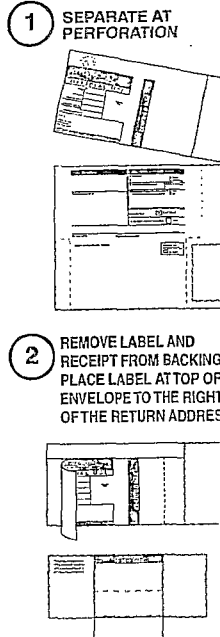
A. Signature  Agent  
**X**  Addressee

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 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  
**X Mike Belt**  Addressee

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

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

3

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

