



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0012 6806

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

Postage

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

P ELENA SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

PS Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6806

P ELENA SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2194
Article #: 71106605959000126806
Date/Time: 8/31/2010 12:34:15 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 6806	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
P ELENA SANCHEZ C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

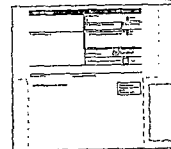
Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6806	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
P ELENA SANCHEZ C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

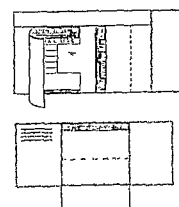
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2194
Article #: 71106605959000126806
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

11FT HFRF



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 6813

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

P. J. HANNIFIN FAMILY TRUST,
765 SANTA CAMELIA DR
SOLANA BEACH, CA 92075

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6813

P. J. HANNIFIN FAMILY TRUST,
765 SANTA CAMELIA DR
SOLANA BEACH, CA 92075

Batch #: 2194
Article #: 71106605959000126813
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6813	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
P. J. HANNIFIN FAMILY TRUST, 765 SANTA CAMELIA DR SOLANA BEACH, CA 92075	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

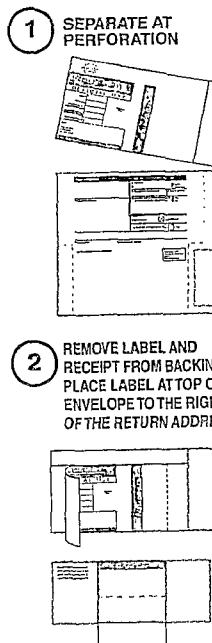
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6813	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
P. J. HANNIFIN FAMILY TRUST, 765 SANTA CAMELIA DR SOLANA BEACH, CA 92075	D. Is delivery address different from item 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 #: 71106605959000126813
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For information, visit our website at www.usps.com

7110 6605 9590 0012 6820

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

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

PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6820

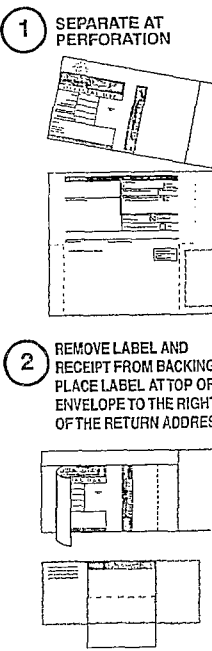
PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2194
Article #: 71106605959000126820
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

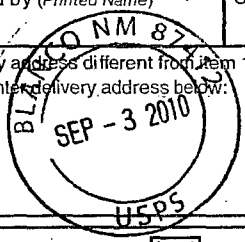
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6820	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PABLO LENNY CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6820	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PABLO LENNY CANDELARIA PO BOX 348 BLANCO, NM 87412	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 #: 71106605959000126820
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 6837

Postage	\$		Postmark Here
Certified Fee		\$4.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
Total Postage & Fees	\$	\$0.00	
		\$6.15	

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

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6837

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Batch #: 2194
Article #: 71106605959000126837
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

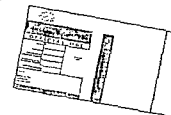
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6837	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAMELA POLLOCK BRUNS 1130 FISKE PACIFIC PALISADE, CA 90272	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

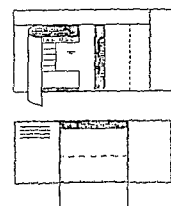
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6837	A. Signature x Bill Bruns ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAMELA POLLOCK BRUNS 1130 FISKE PACIFIC PALISADE, CA 90272	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

Batch #: 2194
Article #: 71106605959000126837
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
Delivery Information: Visit www.usps.com
7110 6605 9590 0012 6844

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.;
r PO Box No.
ity, State, Zip+4

PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 Visit www.usps.com for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6844

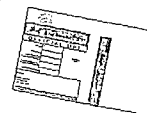
PAMELA GRAY BALDWIN
C/O TR MIN SECTION 1049334
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2195
Article #: 71106605959000126844
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

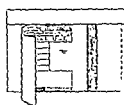
Reorder Form LCD-811R Rev. 01/07

2. Article Number 7110 6605 9590 0012 6844	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
1. Article Addressed to: PAMELA GRAY BALDWIN C/O TR MIN SECTION 1049334 PO BOX 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AT RECEIPT FROM ENVELOPE TO PLACE LABEL AT ENVELOPE TO THE RETURN



2. Article Number 7110 6605 9590 0012 6844	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Estel</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Estel</i> 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. Article Addressed to: PAMELA GRAY BALDWIN C/O TR MIN SECTION 1049334 PO BOX 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000126844
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:



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CERTIFIED MAIL RECEIPT
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For delivery information visit our website at www.usps.com
7110 6605 9590 0012 6851

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

PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6851

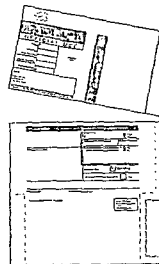
PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

Batch #: 2195
Article #: 71106605959000126851
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

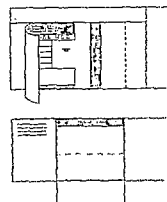
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6851	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAMELA I CLUTE 4300 S DAHLIA ST ENGLEWOOD, CO 80113	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6851	A. Signaturer X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-4-10
PAMELA I CLUTE 4300 S DAHLIA ST ENGLEWOOD, CO 80113	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000126851
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
Delivery Information visit our website at www.usps.com
7110 6605 9590 0012 6868

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
PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

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 6868

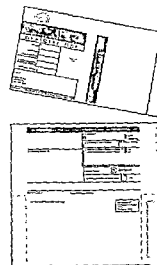
PAMELA JULIET DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217-5723

Batch #: 2195
Article #: 71106605959000126868
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

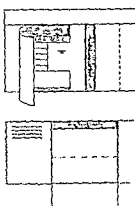
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 6868	COMPLETE THIS SECTION ON DELIVERY A. Signature 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
1. Article Addressed to: PAMELA JULIET DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217-5723	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TO ENVELOPE TO THE R OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 6868	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Pamela Dennis</i> B. Received by (Printed Name) C. Date of Delivery 8/31/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: PAMELA JULIET DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217-5723	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000126868
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
E-Mailed Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0012 6875

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
PAT D & CRUZELIA MONTOYA LIVING TRU
211 HWY 511
BLANCO, NM 87412

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 6875

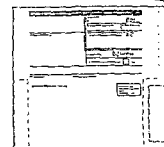
PAT D & CRUZELIA MONTOYA LIVING TRU
211 HWY 511
BLANCO, NM 87412

Batch #: 2195
Article #: 71106605959000126875
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

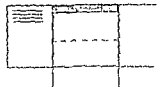
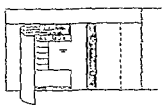
2. Article Number	7110 6605 9590 0012 6875	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PAT D & CRUZELIA MONTOYA LIVING TRU 211 HWY 511 BLANCO, NM 87412		A. Signature X	☐ Agent ☐ Addressee
		B. Received by (Printed Name)	C. Date of Delivery
Code: Allocation Project - D.Howell		D. Is delivery 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 6875	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PAT D & CRUZELIA MONTOYA LIVING TRU 211 HWY 511 BLANCO, NM 87412		A. Signature X <i>Pat Montoya</i>	☐ Agent ☐ Addressee
		B. Received by (Printed Name) <i>Pat Montoya</i>	C. Date of Delivery
Code: Allocation Project - D.Howell		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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2195
Article #: 71106605959000126875
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



Reorder Form LCD-8-01/07



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 6882

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
PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308
rest, Apt. No.;
PO Box No.
ity, State, Zip+4

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6882

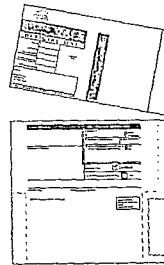
PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

Batch #: 2195
Article #: 71106605959000126882
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

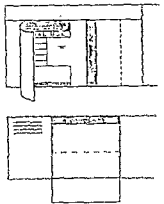
Form 3811, August 2005 See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 6882	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
--	--

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 6882	COMPLETE THIS SECTION ON DELIVERY A. Signature x Robin Gibson ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Robin Gibson 9/1/10 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 #: 2195
Article #: 71106605959000126882
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 6899

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.,
r PO Box No.
ity, State, Zip+4

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Code: Allocation Project - D.Howell



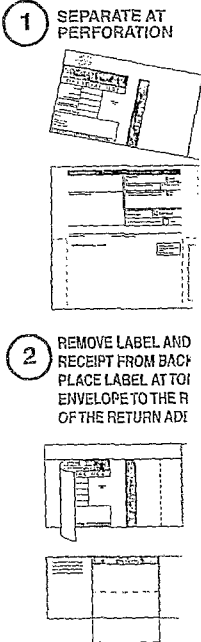
7110 6605 9590 0012 6899

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Batch #: 2195
Article #: 71106605959000126899
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81
v. 01/07

2. Article Number 7110 6605 9590 0012 6899	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
1. Article Addressed to: PATRICIA ANN ASHBURN 7095 69TH ST VERO BEACH, FL 32967 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 6899	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Patricia Ann Ashburn</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>W Ashburn</i> C. Date of Delivery <i>9/2/10</i> 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. Article Addressed to: PATRICIA ANN ASHBURN 7095 69TH ST VERO BEACH, FL 32967 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000126899
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only, No Insurance Coverage Provided)
For information visit our Website at www.usps.com
7110 6605 9590 0012 6905

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

PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



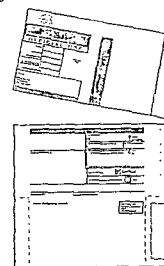
7110 6605 9590 0012 6905

PATRICIA B MASI
1300 SYLVAN DR
HADDON HEIGHTS, NJ 08035-1230

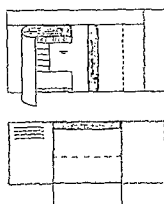
Batch #: 2195
Article #: 71106605959000126905
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 6905	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
1. Article Addressed to: PATRICIA B MASI 1300 SYLVAN DR HADDON HEIGHTS, NJ 08035-1230 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 6905	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Patricia B Masi</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Patricia B Masi</i> C. Date of Delivery <i>9/18/10</i> 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. Article Addressed to: PATRICIA B MASI 1300 SYLVAN DR HADDON HEIGHTS, NJ 08035-1230 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000126905
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 6912

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.
ity, State, Zip+4

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6912

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

Batch #: 2195
Article #: 71106605959000126912
Date/Time: 8/31/2010 12:42:23 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 6912

1. Article Addressed to:

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

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

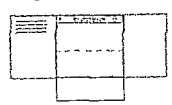
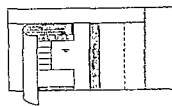
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 6912

1. Article Addressed to:

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Ellsworth ☐ 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 #: 2195
Article #: 71106605959000126912
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 6929

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.
ity, State, Zip+4

PATRICIA G HARVEY
1545 LONDON RD
CHARLOTTESVILLE, VA 22901

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6929

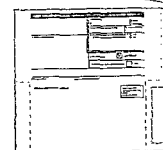
PATRICIA G HARVEY
1545 LONDON RD
CHARLOTTESVILLE, VA 22901

Batch #: 2195
Article #: 71106605959000126929
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

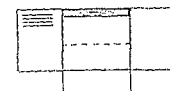
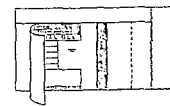
Reorder Form LCD-8
v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6929	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA G HARVEY 1545 LONDON RD CHARLOTTESVILLE, VA 22901	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6929	A. Signature X <i>Patricia G Harvey</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/13/10
PATRICIA G HARVEY 1545 LONDON RD CHARLOTTESVILLE, VA 22901	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000126929
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



USPS Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 6936

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.
ity, State, Zip+4

PATRICIA LAURIE FRANCIL
4556 CR 240
DURANGO, CO 81301

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6936

PATRICIA LAURIE FRANCIL
4556 CR 240
DURANGO, CO 81301

Batch #: 2195
Article #: 71106605959000126936
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 6936

1. Article Addressed to:

PATRICIA LAURIE FRANCIL
4556 CR 240
DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

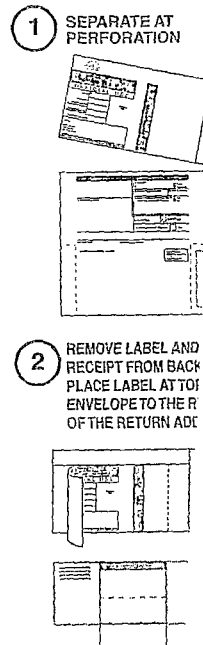
A. Signature ☒ Agent ☒ Addressee
X

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 6936

1. Article Addressed to:

PATRICIA LAURIE FRANCIL
4556 CR 240
DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Laurie Francil*

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 #: 2195
Article #: 71106605959000126936
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:



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7110 6605 9590 0012 6943

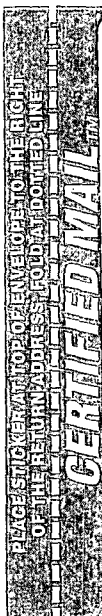
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6943

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

Batch #: 2195
Article #: 71106605959000126943
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

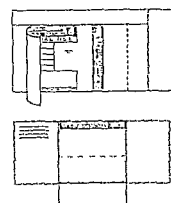
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6943	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA N RIGG 1303 N WALNUT TUCSON, AZ 85712	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6943	A. Signature X <i>Pat Rig</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA N RIGG 1303 N WALNUT TUCSON, AZ 85712	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000126943
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 6950

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.;
r PO Box No.
ity, State, Zip+4

PATRICIA SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST - 8TH FLR
NEW YORK, NY 10036

Form 3800, August 2009, PSN 7530-01-000-9000 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6950

PATRICIA SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST - 8TH FLR
NEW YORK, NY 10036

Batch #: 2195
Article #: 71106605959000126950
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6950		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
PATRICIA SIMPSON TRUST C/O U S TR CO OF NY PAT HUGHES 114 W 47TH ST - 8TH FLR NEW YORK, NY 10036		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		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 #: 2195
Article #: 71106605959000126950
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3

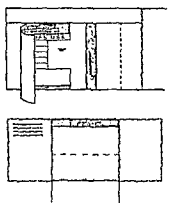


LIFT HERE

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS





U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Certific Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 6967

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.
ity, State, Zip+4

PATRICIA STEELE
1105 GRAND AVE
EVERETT, WA 98201

PS Form 3800, August 2006 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6967

PATRICIA STEELE
1105 GRAND AVE
EVERETT, WA 98201

Batch #: 2195
Article #: 71106605959000126967
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6967	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA STEELE 1105 GRAND AVE EVERETT, WA 98201	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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

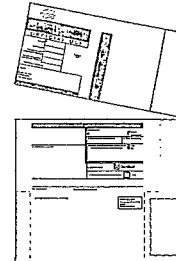
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2195
Article #: 71106605959000126967
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

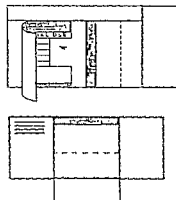
3

LIFT HERE

1 SEPARATE AT PERFORATION



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



San Juan Business
PO Box 4289
Farmington NM 87499-4289

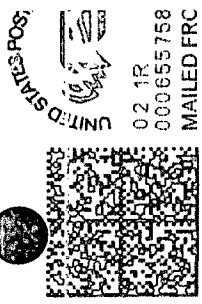
 **ConocoPhillips**

7110 6605 9590 0012 6967

13

1st NOTICE 9/7 INITIALS JS
2nd NOTICE 9-17 INITIALS
RETURN 9-23 INITIALS

RECEIVED
PATRICIA STEELE
UNCLAIMED





U.S. Postal Service
CERTIFIED MAIL RECEIPT
No Insurance Coverage Provided
For information visit our website at www.usps.com

7110 6605 9590 0012 6974

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: PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

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

PS Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



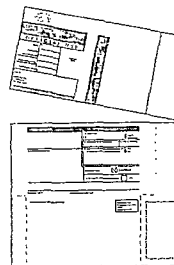
7110 6605 9590 0012 6974

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

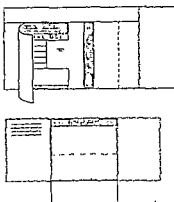
Batch #: 2195
Article #: 71106605959000126974
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6974	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA VELARDE 409 SAN MEDINA FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6974	A. Signature X <i>Patricia Velarde</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA VELARDE 409 SAN MEDINA FARMINGTON, NM 87401	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000126974
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0012 6981

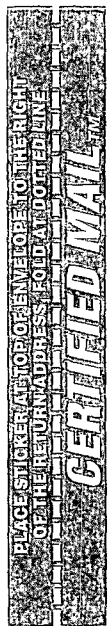
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

PATRICK A MACINTOSH
502 S 11TH ST
GUNNISON, CO 81230-3212

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



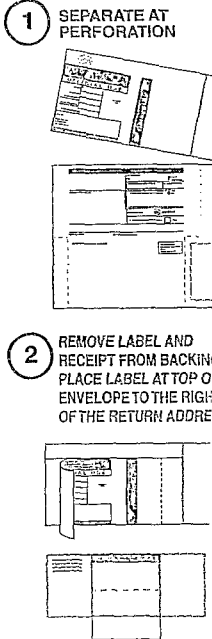
7110 6605 9590 0012 6981

PATRICK A MACINTOSH
502 S 11TH ST
GUNNISON, CO 81230-3212

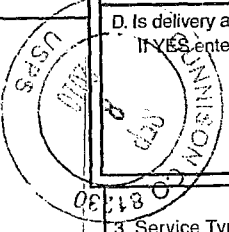
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Article #: 71106605959000126981
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

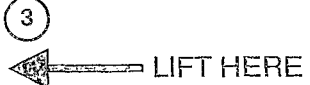
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6981	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK A MACINTOSH 502 S 11TH ST GUNNISON, CO 81230-3212	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6981	A. Signature ☐ Agent X <i>Patrick Macintosh</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK A MACINTOSH 502 S 11TH ST GUNNISON, CO 81230-3212	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



Batch #: 2195
Article #: 71106605959000126981
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





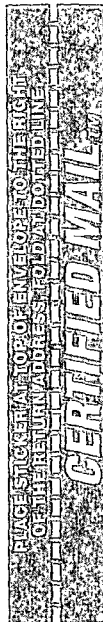
7110 6605 9590 0012 6998

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

treat, Apt. No.;
PO Box No.
ity, State, Zip+4PATRICK J HERBERT III SUCC TTEE UAD
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-3344

Code: Allocation Project - D.Howell

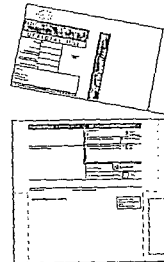


7110 6605 9590 0012 6998

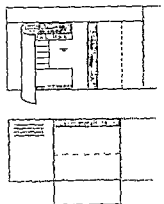
PATRICK J HERBERT III SUCC TTEE UAD
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-3344Batch #: 2195
Article #: 71106605959000126998
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:Reorder Form LCD-8
v. 01/07

2. Article Number	7110 6605 9590 0012 6998
1. Article Addressed to:	PATRICK J HERBERT III SUCC TTEE UAD C/O SIMPSON ESTATES 30 N LA SALLE ST #1232 CHICAGO, IL 60602-3344
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

1 SEPARATE AT PERFORATION



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



2. Article Number	7110 6605 9590 0012 6998
1. Article Addressed to:	PATRICK J HERBERT III SUCC TTEE UAD C/O SIMPSON ESTATES 30 N LA SALLE ST #1232 CHICAGO, IL 60602-3344
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 #: 2195
Article #: 71106605959000126998
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 7001

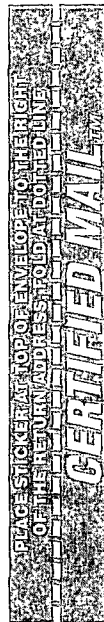
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To

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

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7001

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Batch #: 2195
Article #: 71106605959000127001
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

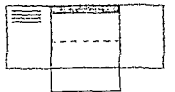
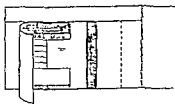
Reorder Form LCD-6 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7001	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY R CUMMINS 5110 A SHADYLANE MIDLAND, TX 79703	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7001	A. Signature X <i>Patsy Cummins</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Patsy Cummins</i> <i>9-14-10</i>
PATSY R CUMMINS 5110 A SHADYLANE MIDLAND, TX 79703	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000127001
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3934

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	

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

PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

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 3934

PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

Batch #: 2273
Article #: 71106605959000133934
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3934

1. Article Addressed to:

PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

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 0013 3934

1. Article Addressed to:

PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

James Williams

☐ 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

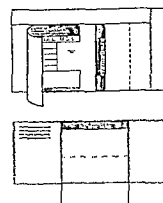
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT
PERFORATION



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



3

Batch #: 2273
Article #: 71106605959000133934
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 7025

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	

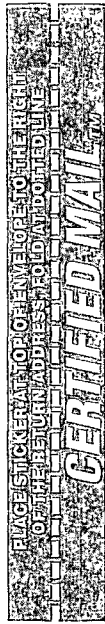
sent To

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Street, 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 7025

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Batch #: 2195
Article #: 71106605959000127025
Date/Time: 8/31/2010 12:42:23 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 7025

1. Article Addressed to:

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

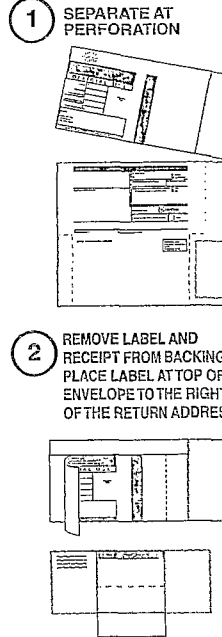
A. Signature ☒ Agent ☐ Addressee
X

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



PS Form 3811

2. Article Number

7110 6605 9590 0012 7025

1. Article Addressed to:

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X Shirley Allen

B. Received by (Printed Name) C. Date of Delivery
Shirley Allen 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 #: 2195
Article #: 71106605959000127025
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 7032

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
PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

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

Form 3800, August 2006, N See Reverse for Instructions

Code: Allocation Project - D.Howell



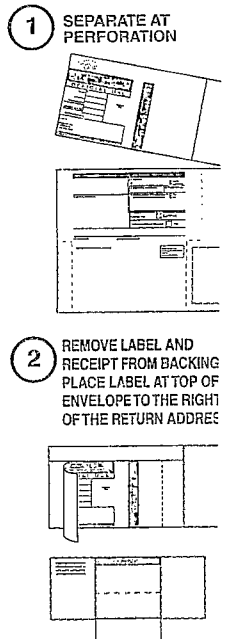
7110 6605 9590 0012 7032

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

Batch #: 2195
Article #: 71106605959000127032
Date/Time: 8/31/2010 12:42:24 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 7032	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL A BRENNAND 6408 ST ANNES CT NE ALBUQUERQUE, NM 87111	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7032	A. Signature X <i>Paul A. Brennan</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Paul A. Brennan</i> <i>9-3-10</i>
PAUL A BRENNAND 6408 ST ANNES CT NE ALBUQUERQUE, NM 87111	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 #: 2195
Article #: 71106605959000127032
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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CERTIFIED MAIL - RECEIPT
(No Insurance Coverage Provided)
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7110 6605 9590 0012 7049

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
reet, Apt. No.;
PO Box No.
ity, State, Zip+4

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7049

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Batch #: 2195
Article #: 71106605959000127049
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7049

1. Article Addressed to:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

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 7049

1. Article Addressed to:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X William C. Trepel ☐ 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 #: 2195
Article #: 71106605959000127049
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7056

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

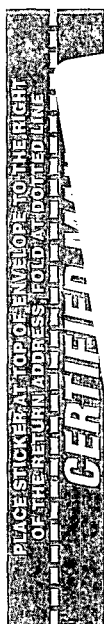
ent To

street, Apt. No.;
- PO Box No.
ity, State, Zip+4

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

PS Form 3811, August 2006 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7056

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

Batch #: 2195
Article #: 71106605959000127056
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7056

1. Article Addressed to:

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

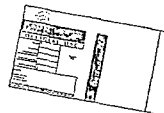
B. Received by (Printed Name) C. Date of Delivery

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

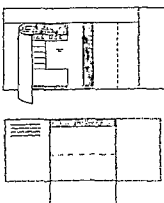
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 7056

1. Article Addressed to:

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jeremiah Littlefield* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Jeremiah Littlefield *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 #: 2195
Article #: 71106605959000127056
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For information visit our Website at www.usps.com

7110 6605 9590 0012 7063

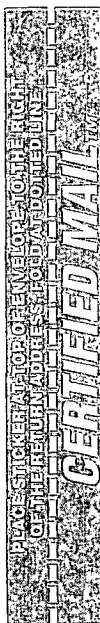
Postage	\$		Postmark Here
	\$1.05		
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7063

PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2195
Article #: 71106605959000127063
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7063

1. Article Addressed to:

PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

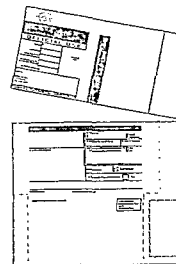
B. Received by (Printed Name) C. Date of Delivery

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

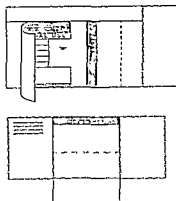
3. Service Type ☒ Certified

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 7063

1. Article Addressed to:

PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

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

Batch #: 2195
Article #: 71106605959000127063
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 7070

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

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7070

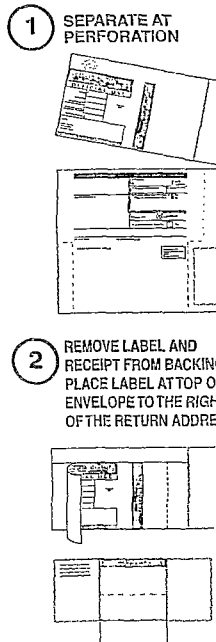
PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

Batch #: 2195
Article #: 71106605959000127070
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7070	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL R. MAYO, JR. 8918 TESORO DR, SUITE 505 SAN ANTONIO, TX 78217	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7070	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL R. MAYO, JR. 8918 TESORO DR, SUITE 505 SAN ANTONIO, TX 78217	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 #: 2195
Article #: 71106605959000127070
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7087

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

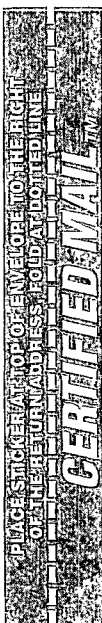
sent To

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

PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7087

PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

Batch #: 2195
Article #: 71106605959000127087
Date/Time: 8/31/2010 12:42:24 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 7087

1. Article Addressed to:

PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

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



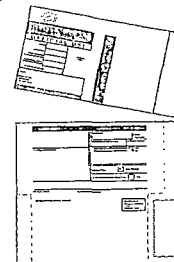
Certified

4. Restricted Delivery? (Extra Fee)

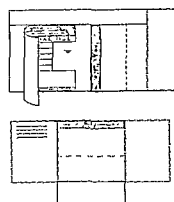
☐

Yes

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 7087

1. Article Addressed to:

PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035

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

Box 2035

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)

☐

Yes

Batch #: 2195
Article #: 71106605959000127087
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7094

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

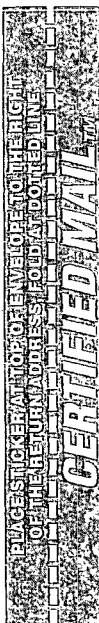
ent To

street, Apt. No.;
r PO Box No.
ity, State, Zip+4

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7094

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2195
Article #: 71106605959000127094
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7094

1. Article Addressed to:

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

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 7094

1. Article Addressed to:

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

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)

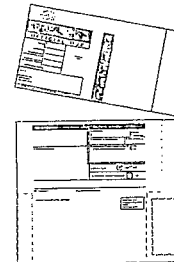
☐

Yes

Code: Allocation Project - D.Howell

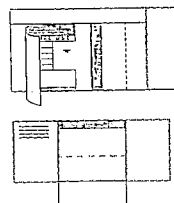
1

SEPARATE AT
PERFORATION



2

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



3

LIFT HERE

Batch #: 2195
Article #: 71106605959000127094
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0012 7100

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

ent To

street, Apt. No.;
PO Box No.
ity, State, Zip+4

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7100

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

Batch #: 2195
Article #: 71106605959000127100
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7100

1. Article Addressed to:

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

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

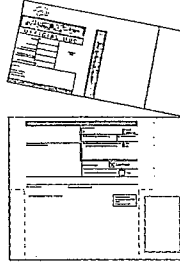
87499

Batch #: 2195
Article #: 71106605959000127100
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

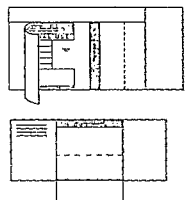
3

LIFT HERE

1 SEPARATE AT PERFORATION



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



San Juan Busir
PO Box 4289
Farmington NM 87499-4289

**Conocophiles**
UNABLE TO FORWARD
UNABLE TO FORWARD

7110 6605 9590 0012 7117

9/14

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

[Handwritten signature]

ED STATES P
57
MAILED F



U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
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7110 6605 9590 0012 7117

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

ent To

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

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7117

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Batch #: 2195
Article #: 71106605959000127117
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7117

1. Article Addressed to:

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

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

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 #: 2195
Article #: 71106605959000127117
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE



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7110 6605 9590 0013 3941

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 **PEARL R TAYLOR EST**
2610 FIRST ST

Street, Apt. No.;
PO Box No.
City, State, Zip+4 **TILLAMOOK, OR 97141-2503**

PS Form 3800, August 2006 See Reverse for Instructions

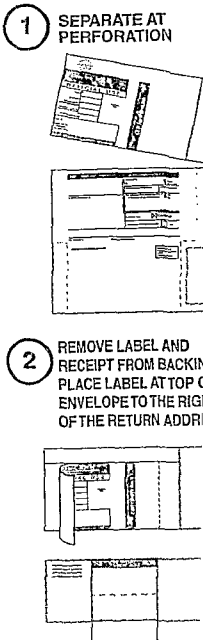


7110 6605 9590 0013 3941

PEARL R TAYLOR EST
2610 FIRST ST
TILLAMOOK, OR 97141-2503

Batch #: 2273
Article #: 71106605959000133941
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3941	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PEARL R TAYLOR EST 2610 FIRST ST TILLAMOOK, OR 97141-2503	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3941	A. Signature ☐ Agent <i>Linda Taylor</i> ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Linda Taylor</i> 9.20.10
PEARL R TAYLOR EST 2610 FIRST ST TILLAMOOK, OR 97141-2503	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 #: 2273
Article #: 71106605959000133941
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

Reorder Form LCD-8 v. 01/07



7110 6605 9590 0012 7124

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.,
r PO Box No.
ity, State, Zip+4

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

Code: Allocation Project - D.Howell



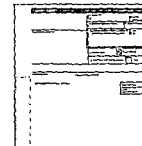
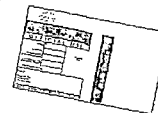
7110 6605 9590 0012 7124

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

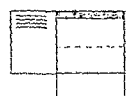
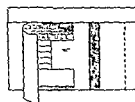
Batch #: 2195
Article #: 71106605959000127124
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 7124	COMPLETE THIS SECTION ON DELIVERY A. Signature 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
1. Article Addressed to: PENELOPE HESS BUTLER 4605 POST OAK PL, STE 107 HOUSTON, TX 77027	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE OF THE RETURN AT



2. Article Number 7110 6605 9590 0012 7124	COMPLETE THIS SECTION ON DELIVERY A. Signature X Louise Butler 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. Article Addressed to: PENELOPE HESS BUTLER 4605 POST OAK PL, STE 107 HOUSTON, TX 77027	
Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127124
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

③

← LIFT HERE



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7110 6605 9590 0012 7148

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

ent To

street, Apt. No.,
r PO Box No.
ity, State, Zip+4

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

PS Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7148

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

Batch #: 2195
Article #: 71106605959000127148
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2: Article Number

7110 6605 9590 0012 7148

1. Article Addressed to:

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

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

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 #: 2195
Article #: 71106605959000127148
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE

Reorder Form LCD- rev. 01/07

PROVED

Special Service
CERTIFIED MAIL - RECEIPT
 Domestic Mail Only, No Insurance Coverage Provided
 Delivery Information Visit our website at www.usps.com
 7110 6605 9590 0012 7155

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.,
 r PO Box No.
 city, State, Zip+4

PERRY H. POLLOCK
 PO BOX 950
 ASPEN, CO 81612

PS Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 7155

PERRY H. POLLOCK
 PO BOX 950
 ASPEN, CO 81612

Batch #: 2195
 Article #: 71106605959000127155
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

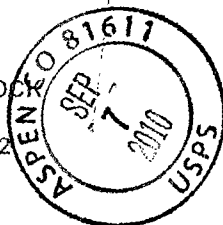
Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7155		A. Signature X	
1. Article Addressed to:		☐ Agent ☐ Addressee	
PERRY H. POLLOCK PO BOX 950 ASPEN, CO 81612		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	
Code: Allocation Project - D.Howell		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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7155		A. Signature X <i>Perry H. Pollock</i>	
1. Article Addressed to:		☐ Agent ☐ Addressee	
PERRY H. POLLOCK PO BOX 950 ASPEN, CO 81612		B. Received by (Printed Name) C. Date of Delivery <i>Perry H. Pollock</i> <i>9-7-10</i>	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
Code: Allocation Project - D.Howell		4. Restricted Delivery? (Extra Fee) ☐ Yes	



Batch #: 2195
 Article #: 71106605959000127155
 Date/Time: 8/31/2010 12:42:24 PM
 Allocation Project - D.Howell



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 7162

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.;
r PO Box No.
ity, State, Zip+4

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7162

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

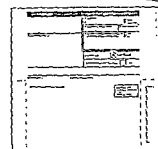
Batch #: 2195
Article #: 71106605959000127162
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811, August 2005 See Reverse for Instructions

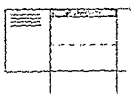
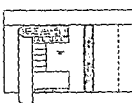
Reorder Form LCD-811R 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7162	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PETCO LIMITED PO BOX 911 BRECKENRIDGE, TX 76424-0911	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK
PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7162	A. Signature <i>Martha Naggle</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PETCO LIMITED PO BOX 911 BRECKENRIDGE, TX 76424-0911	<i>Martha Naggle</i> 9-7-10
Code: Allocation Project - D.Howell	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 #: 2195
Article #: 71106605959000127162
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 7179

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.
ity, State, Zip+4

PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7179

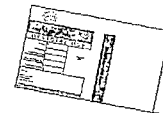
PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Batch #: 2195
Article #: 71106605959000127179
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

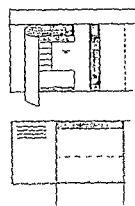
Reorder Form LCD-811 Rev. 01/07

2. Article Number 7110 6605 9590 0012 7179	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
1. Article Addressed to: PETER CLAUD JACOBSEN 3319 HULEN FORT WORTH, TX 76107 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BAG PLACE LABEL AT THE ENVELOPE TO THE OF THE RETURN A



2. Article Number 7110 6605 9590 0012 7179	COMPLETE THIS SECTION ON DELIVERY A. Signature X [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. Article Addressed to: PETER CLAUD JACOBSEN 3319 HULEN FORT WORTH, TX 76107 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127179
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:

3

LIFT HERE

COVER

Postal Service
CERTIFIED MAIL RECEIPT
(Postage Paid Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 7186

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

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7186

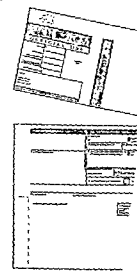
PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Batch #: 2195
Article #: 71106605959000127186
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

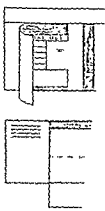
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 7186	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
1. Article Addressed to: PETER MCKEE BRENNAND PO BOX 6268 SANTA FE, NM 87502 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

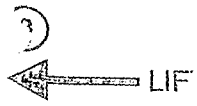


2 REMOVE LABEL RECEIPT FROM PLACE LABEL / ENVELOPE TO OF THE RETURN



2. Article Number 7110 6605 9590 0012 7186	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Peter McKee Brennand</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Peter McKee Brennand</i> <i>9/4/10</i> 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. Article Addressed to: PETER MCKEE BRENNAND PO BOX 6268 SANTA FE, NM 87502 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127186
Date/Time: 8/31/2010 12:42:24 PM
Allocation Project - D.Howell





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
First-Class Mail Only. No Insurance Coverage Provided.
Delivery information on our website: www.usps.com

7110 6605 9590 0012 7193

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

PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7193

PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

Batch #: 2195
Article #: 71106605959000127193
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811F 01/07

2. Article Number

7110 6605 9590 0012 7193

1. Article Addressed to:

PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

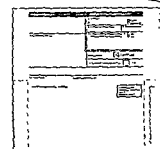
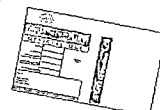
B. Received by (Printed Name) C. Date of Delivery

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

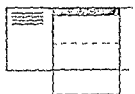
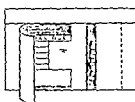
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP OF ENVELOPE TO THE FRONT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0012 7193

1. Article Addressed to:

PETERSON FAMILY TRUST
440 SAN LUCAS DR
SOLANA BEACH, CA 92075

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 #: 2195
Article #: 71106605959000127193
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Small Only No Insurance Coverage Provided
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 7209

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.
ity, State, Zip+4

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

PS Form 3800, August 2006 (Rev. 5-05) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7209

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

Batch #: 2195
Article #: 71106605959000127209
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 7209

1. Article Addressed to:

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

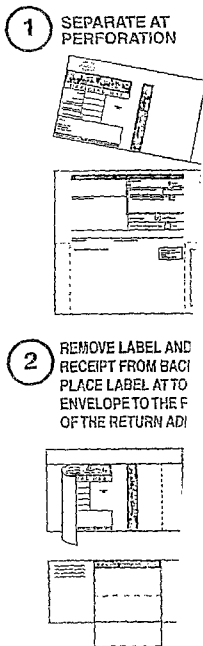
A. Signature ☐ Agent
X ☐ Addressee

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 7209

1. Article Addressed to:

PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *D. Howell* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
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 #: 2195
Article #: 71106605959000127209
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 7216

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.,
r PO Box No.
ity, State, Zip+4

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7216

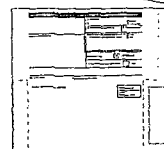
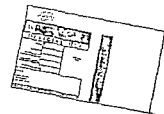
PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

Batch #: 2195
Article #: 71106605959000127216
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

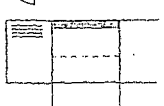
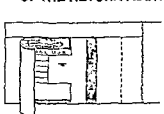
Form 3811, August 2006 See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 7216	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
1. Article Addressed to: PGC GAS COMPANY 8080 N CENTRAL EXPWY STE 1090 DALLAS, TX 75206 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 7216	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Amelie Khan</i> ☐ 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. Article Addressed to: PGC GAS COMPANY 8080 N CENTRAL EXPWY STE 1090 DALLAS, TX 75206 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127216
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 7223

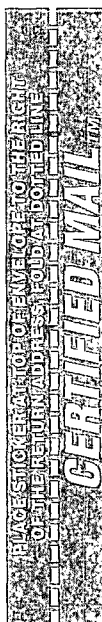
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

PHILIP G DEMEREE
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7223

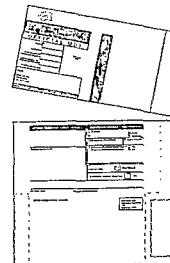
PHILIP G DEMEREE
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

Batch #: 2195
Article #: 71106605959000127223
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

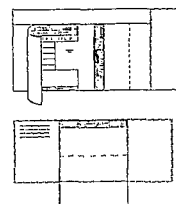
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 7223	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
1. Article Addressed to: PHILIP G DEMEREE 7561 VIA CAMELLO DEL SUR SCOTTSDALE, AZ 85258 Code: Allocation Project - D.Howell	

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 7223	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Philip Demeree</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Philip Demeree</i> C. Date of Delivery <i>9-23-10</i> 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. Article Addressed to: PHILIP G DEMEREE 7561 VIA CAMELLO DEL SUR SCOTTSDALE, AZ 85258 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127223
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
First-Class Mail Only. No Insurance Coverage Provided.
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 7230

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
Philip L Homburger & Debra L
2160 S JACKSON
DENVER, CO 80210-4931

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



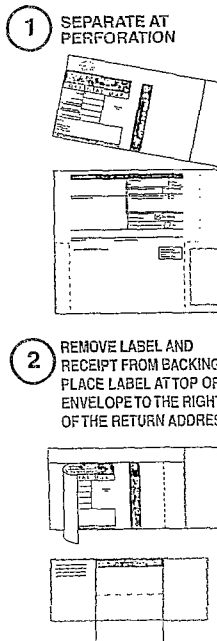
7110 6605 9590 0012 7230

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

Batch #: 2195
Article #: 71106605959000127230
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8101/07

2. Article Number 7110 6605 9590 0012 7230	COMPLETE THIS SECTION ON DELIVERY A. Signature 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
1. Article Addressed to: PHILIP L HOMBURGER & DEBRA L 2160 S JACKSON DENVER, CO 80210-4931 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 7230	COMPLETE THIS SECTION ON DELIVERY A. Signature X Debra L Homburger 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. Article Addressed to: PHILIP L HOMBURGER & DEBRA L 2160 S JACKSON DENVER, CO 80210-4931 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127230
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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Postage	7110 6605 9590 0013 3132	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (endorsement Required)	\$2.80	
Restricted Delivery Fee (endorsement Required)	\$2.30	
Total Postage & Fees	\$5.54	
sent To street, Apt. No., PO Box No. city, State, Zip+4		
PHILLIP F MARBERRY 2170 CAMINO DE CHAVEZ BOSQUE FARMS, NM 87068		
Form 3800, August 2006 See Reverse for Instructions		

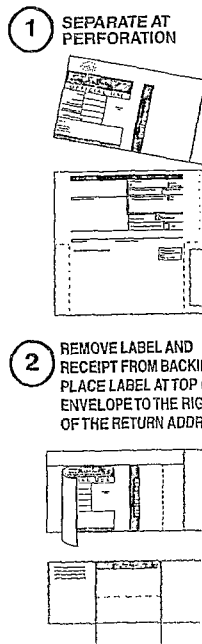
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3132

PHILLIP F MARBERRY
2170 CAMINO DE CHAVEZ
BOSQUE FARMS, NM 87068

Batch #: 2269
Article #: 71106605959000133132
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3132	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PHILLIP F MARBERRY 2170 CAMINO DE CHAVEZ BOSQUE FARMS, NM 87068	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3132	A. Signature X <i>Phillip Marberry</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Phillip Marberry</i> C. Date of Delivery <i>9/14/10</i>
PHILLIP F MARBERRY 2170 CAMINO DE CHAVEZ BOSQUE FARMS, NM 87068	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 #: 2269
Article #: 71106605959000133132
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



U.S. Postal Service
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7110 6605 9590 0012 7247

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
PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

PS Form 3811, August 2006 (PSN 7530-01-000-9000) (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7247

PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

Batch #: 2195
Article #: 71106605959000127247
Date/Time: 8/31/2010 12:42:25 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 7247

1. Article Addressed to:

PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

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

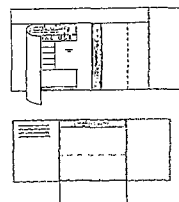
3. Service Type ☒ Certified

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 7247

1. Article Addressed to:

PHYLLIS F HOFFMAN
2555 GROSS POINT RD, APT 206
EVANSTON, IL 60201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Phyllis F. Hoffman* ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Phyllis F. Hoffman *9/3/10*

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 #: 2195
Article #: 71106605959000127247
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7254

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
PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



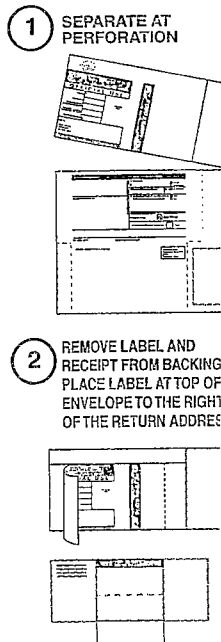
7110 6605 9590 0012 7254

PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

Batch #: 2195
Article #: 71106605959000127254
Date/Time: 8/31/2010 12:42:25 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 7254	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
1. Article Addressed to: PINE CONE PROPERTIES LLC 1859 OAK CREEK DR GREENWOOD VILLAGE, CO 80121	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 7254	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Diane Costello</i> ☐ 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. Article Addressed to: PINE CONE PROPERTIES LLC 1859 OAK CREEK DR GREENWOOD VILLAGE, CO 80121	
Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127254
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7261

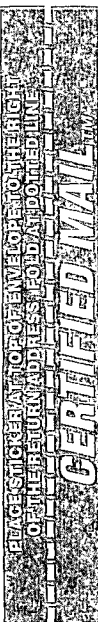
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7261

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Batch #: 2195
Article #: 71106605959000127261
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7261

1. Article Addressed to:

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

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

PS Form 3811

2. Article Number

7110 6605 9590 0012 7261

1. Article Addressed to:

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

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



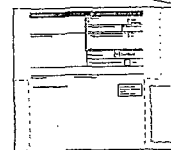
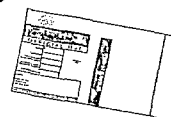
Certified

4. Restricted Delivery? (Extra Fee)

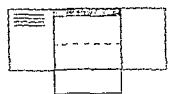
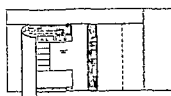


Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2195
Article #: 71106605959000127261
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7278

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
PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

PS Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7278

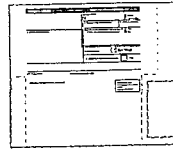
PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Batch #: 2195
Article #: 71106605959000127278
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

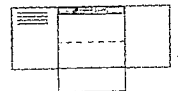
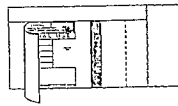
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7278	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PINTAIL PRODUCTION CO INC 6467 SOUTHWEST BLVD FORT WORTH, TX 76132	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7278	A. Signature ☐ Agent X <i>Gayle Murray</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Gayle Murray</i> <i>9/1/10</i>
PINTAIL PRODUCTION CO INC 6467 SOUTHWEST BLVD FORT WORTH, TX 76132	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000127278
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7285

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

PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Form 3800, August 2006, PSN 7520-01-000-9001 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7285

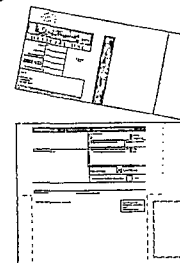
PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2195
Article #: 711066059590000127285
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

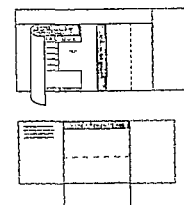
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7285	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PIONEER NATURAL RESOURCES USA INC ATTN NM PROPERTY MESA ROY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7285	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PIONEER NATURAL RESOURCES USA INC ATTN NM PROPERTY MESA ROY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 711066059590000127285
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7292

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
reet, Apt. No.;
PO Box No.
ity, State, Zip+4

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7292

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Batch #: 2195
Article #: 71106605959000127292
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7292

1. Article Addressed to:

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

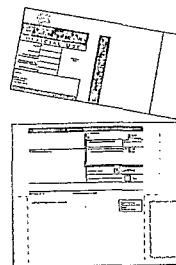
B. Received by (Printed Name) C. Date of Delivery

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

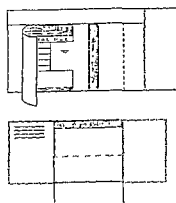
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 7292

1. Article Addressed to:

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X Kander Robin

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

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 #: 2195
Article #: 71106605959000127292
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



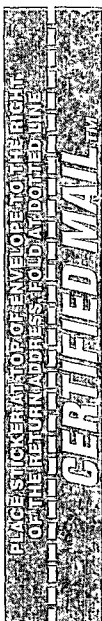
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0012 7308

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.,
PO Box No.
City, State, Zip+4
POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7308

POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

Batch #: 2195
Article #: 71106605959000127308
Date/Time: 8/31/2010 12:42:25 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 7308

1. Article Addressed to:

POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X

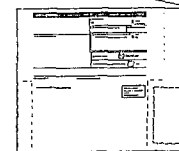
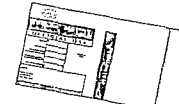
B. Received by (Printed Name) C. Date of Delivery

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

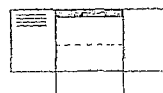
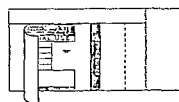
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 7308

1. Article Addressed to:

POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Reginald Abel

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

Batch #: 2195
Article #: 71106605959000127308
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7315

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

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7315

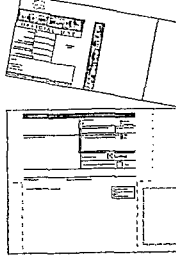
PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Batch #: 2195
Article #: 71106605959000127315
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

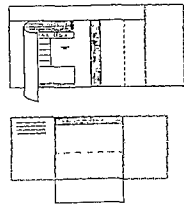
Reorder Form LCD rev. 01/07

2. Article Number:		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7315		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
PRESTON HOLLOW UNITED 6315 WALNUT HILL LN DALLAS, TX 75230-5116		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		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:		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7315		A. Signature X <i>Justin Clark</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery <i>Justin Clark</i> <i>9/7/10</i>	
PRESTON HOLLOW UNITED 6315 WALNUT HILL LN DALLAS, TX 75230-5116		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2195
Article #: 71106605959000127315
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7322

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

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Form 3800, August 2006 Seal Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7322

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Batch #: 2195
Article #: 71106605959000127322
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number
7110 6605 9590 0012 7322

1. Article Addressed to:

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

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

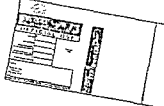
3. Service Type

☒ Certified

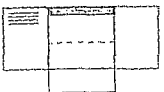
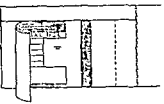
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number
7110 6605 9590 0012 7322

1. Article Addressed to:

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

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

Batch #: 2195
Article #: 71106605959000127322
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 7339

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

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7339

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

Batch #: 2195
Article #: 71106605959000127339
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 7339

1. Article Addressed to:

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

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

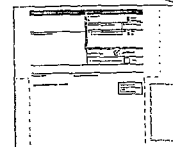
3. Service Type

☒ Certified

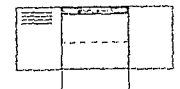
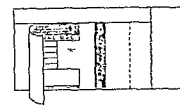
4. Restricted Delivery? (Extra Fee)

☐ Yes

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 7339

1. Article Addressed to:

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

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

Batch #: 2195
Article #: 71106605959000127339
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7346

Postage	\$		
		\$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	

Postmark
Here

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7346

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

ent To

rest, Apt. No.;
PO Box No.
ty, State, Zip+4

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7346	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PRISCILLA HESS WATSON 6200 BRIAR ROSE HOUSTON, TX 77057	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

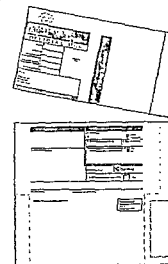
Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7346	A. Signature X <i>Priscilla Watson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>PRISCILLA WATSON</i> <i>9/18/10</i>
PRISCILLA HESS WATSON 6200 BRIAR ROSE HOUSTON, TX 77057	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

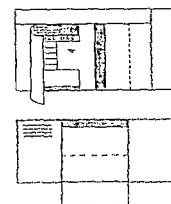
Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127346
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Batch #: 2195
Article #: 71106605959000127346
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 7353

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

Postmark Here

Post To
Pritchett Living Trust DTD 5 3 2001
C/O Roland & April Pritchett
4281 Tee Shot Dr
Colorado Springs, CO 80922

Form 3811, Article 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7353

PRITCHETT LIVING TRUST DTD 5 3 2001
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

Batch #: 2195
Article #: 71106605959000127353
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7353

1. Article Addressed to:

PRITCHETT LIVING TRUST DTD 5 3 2001
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

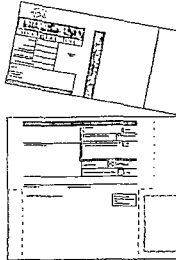
B. Received by (Printed Name) C. Date of Delivery

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

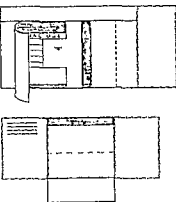
3. Service Type ☒ Certified

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 7353

1. Article Addressed to:

PRITCHETT LIVING TRUST DTD 5 3 2001
C/O ROLAND & APRIL PRITCHETT
4281 TEE SHOT DR
COLORADO SPRINGS, CO 80922

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Roland D Pritchett 9/1/10

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 #: 2195
Article #: 71106605959000127353
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 7360

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

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

PS Form 3800, April 2006 (Rev. 11-05) See Reverse for Instructions

Code: Allocation Project - D.Howell

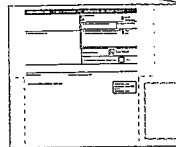
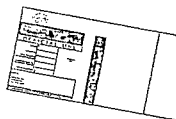


7110 6605 9590 0012 7360

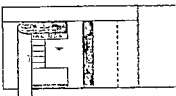
PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206Batch #: 2195
Article #: 71106605959000127360
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7360	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PRODUCTION GATHERING COMPANY LP 8080 N CENTRAL EXPRESSWAY, STE 1090 DALLAS, TX 75206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7360	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PRODUCTION GATHERING COMPANY LP 8080 N CENTRAL EXPRESSWAY, STE 1090 DALLAS, TX 75206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000127360
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 7377

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

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

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7377

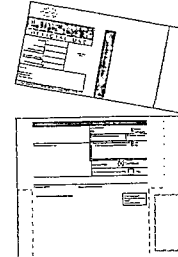
PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Batch #: 2195
Article #: 71106605959000127377
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

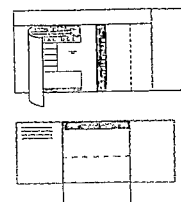
Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7377	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PROVIDENCE MINERALS LLC 14860 MONTFORT DR, SUITE 209 DALLAS, TX 75254	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7377	A. Signature X <i>Gayle Ellis</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PROVIDENCE MINERALS LLC 14860 MONTFORT DR, SUITE 209 DALLAS, TX 75254	<i>GEllis</i> <i>9/7/10</i>
Code: Allocation Project - D.Howell	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 #: 2195
Article #: 71106605959000127377
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Not for Mail Only, No Insurance Coverage Provided
For information visit us online at www.usps.com

7110 6605 9590 0012 7384

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

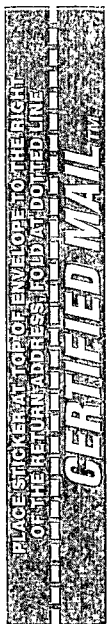
sent To

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

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7384

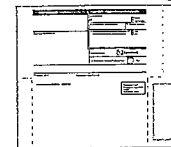
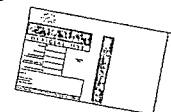
PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Batch #: 2195
Article #: 71106605959000127384
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

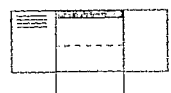
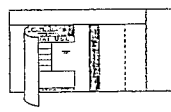
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7384		
1. Article Addressed to:	A. Signature X ☐ Agent ☐ Addressee	
PURE RESOURCES LP PO BOX 730365 DALLAS, TX 75391-0365	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		

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7384		
1. Article Addressed to:	A. Signature X ☐ Agent ☐ Addressee	
PURE RESOURCES LP PO BOX 730365 DALLAS, TX 75391-0365	B. Received by (Printed Name)	C. Date of Delivery 052010
	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 #: 2195
Article #: 71106605959000127384
Date/Time: 8/31/2010 12:42:26 PM
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