



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	

nt To
reet, Apt. No.;
PO Box No.
iv. State, Zip+4

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

Allegation

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



9089 2100 0656 5099 0112

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

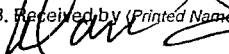
Batch #: 2194
Article #: 71106605959000126806
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

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

DC Form 3814

Domestic Return Receipt

2. Article Number		COMPLETE THIS SECTION ON DELIVERY		
7110 6605 9590 0012 6806		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		
1. Article Addressed to: P ELENA SANCHEZ C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101		4. Restricted Delivery? (Extra Fee) ☐ Yes		
Code: Allocation Project - D.Howell				

PS Form 3811

Domestic Return Receipt

3

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

LIFT HERE



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	\$		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

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

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

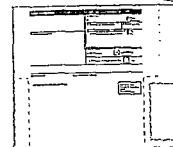
Batch #: 2194
Article #: 71106605959000126813
Date/Time: 8/31/2010 12:34:15 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

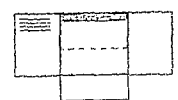
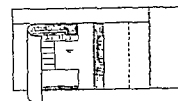
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6813	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
P. J. HANNIFIN FAMILY TRUST, 765 SANTA CAMELIA DR SOLANA BEACH, CA 92075	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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 6813	A. Signature X ☐ Agent ☐ 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



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 6820

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

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 #:

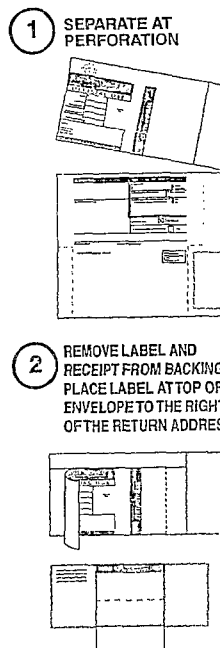
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6820	A. Signature ☐ Agent X ☐ 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 ☐ Agent X ☐ 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
(Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com

7110 6605 9590 0012 6837

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

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 #:

2. Article Number

7110 6605 9590 0012 6837

1. Article Addressed to:

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

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

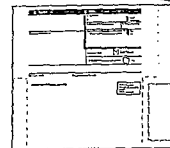
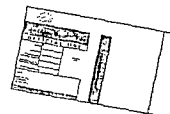
3. Service Type

☒ Certified

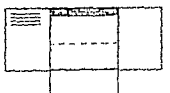
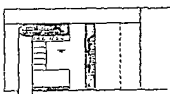
4. Restricted Delivery? (Extra Fee)

☐ 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 6837

1. Article Addressed to:

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Bill Bruns

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Bill Bruns

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 #: 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 Our Website at 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 See Reverse 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-811 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6844	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: 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 B PLACE LABEL AT ENVELOPE TO THE RETURN /

2. Article Number 7110 6605 9590 0012 6844	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Patel</i> B. Received by (Printed Name) <i>Patel</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:



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
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

Postmark
Here

Code: Allocation Project - D.Howell

7110 6605 9590 0012 6851

PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

PS Form 3800, August 2008 (10) See Reverse for Instructions

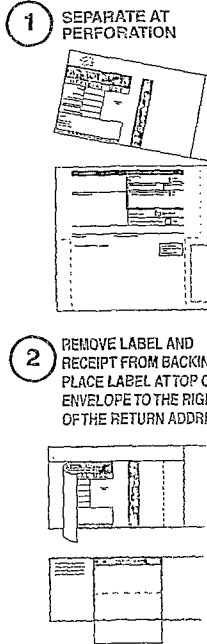


7110 6605 9590 0012 6851

PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

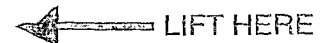
Batch #: 2195
Article #: 71106605959000126851
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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



2. Article Number	7110 6605 9590 0012 6851
1. Article Addressed to:	PAMELA I CLUTE 4300 S DAHLIA ST ENGLEWOOD, CO 80113
Code: Allocation Project - D.Howell	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery 9-4-10
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 #: 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.
For 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



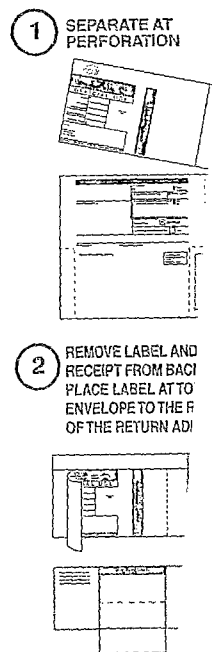
7110 6605 9590 0012 6868

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 ☐ 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. Article Addressed to: PAMELA JULIET DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217-5723 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 6868	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. Article Addressed to: PAMELA JULIET DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217-5723 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 #:



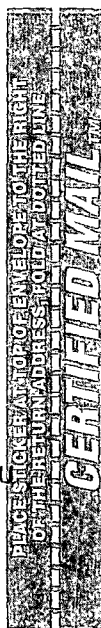
U.S. Postal Service
CERTIFIED MAIL RECEIPT
E-Mail Only, No Insurance Coverage Provided
For details, go to www.usps.com
7110 6605 9590 0012 6875

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

Form 3800, August 2005, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



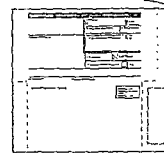
7110 6605 9590 0012 6875

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

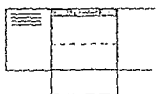
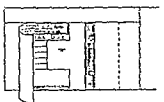
Batch #: 2195
Article #: 71106605959000126875
Date/Time: 8/31/2010 12:42:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 6875	COMPLETE THIS SECTION ON DELIVERY 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 6875	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
---	--

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



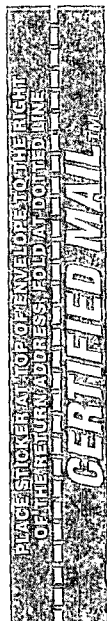
U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 6882

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	

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

2. Article Number
7110 6605 9590 0012 6882

1. Article Addressed to:
PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

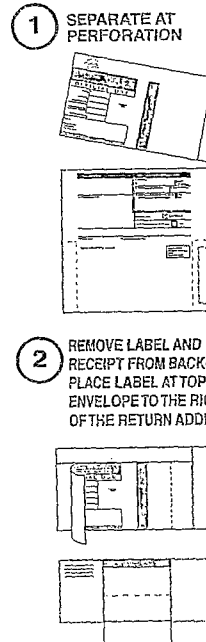
A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number
7110 6605 9590 0012 6882

1. Article Addressed to:
PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
x Robin Gibler

B. Received by (Printed Name) C. Date of Delivery
Robin Gibler 9/1/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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
No Insurance Coverage Provided
For delivery information visit our website at www.usps.com

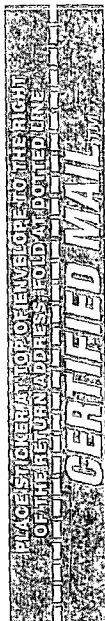
7110 6605 9590 0012 6899

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 #:

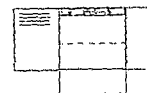
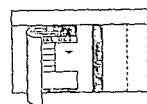
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6899	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA ANN ASHBURN 7095 69TH ST VERO BEACH, FL 32967	D. Is delivery address different from item 1? ☐ Yes If YES 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 6899	A. Signature <i>Patricia Ann Ashburn</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA ANN ASHBURN 7095 69TH ST VERO BEACH, FL 32967	<i>W Ashburn</i> <i>9/2/10</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

1 SEPARATE AT PERFORATION



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



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

3

← LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For 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.
ity, State, Zip+4

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

Code: Allocation Project - D.Howell



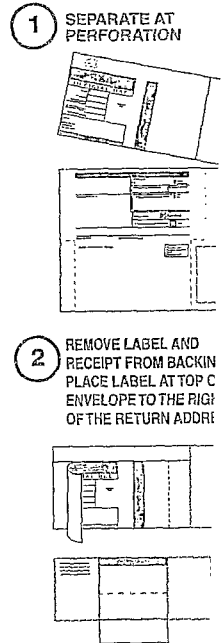
7110 6605 9590 0012 6905

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6905	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA B MASI 1300 SYLVAN DR HADDON HEIGHTS, NJ 08035-1230	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 6905	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICIA B MASI 1300 SYLVAN DR HADDON HEIGHTS, NJ 08035-1230	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 #: 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

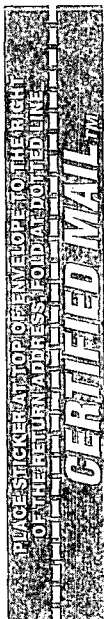
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

PS Form 3890, August 2009 (Rev. 01/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6912

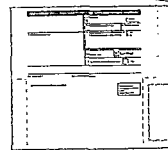
PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

Batch #: 2195
Article #: 71106605959000126912
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

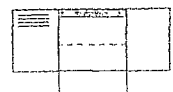
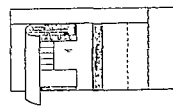
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6912	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 ELLEN ELLSWORTH 4608 CAYETANA PL NW ALBUQUERQUE, NM 87120	
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 6912	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
1. Article Addressed to: PATRICIA ELLEN ELLSWORTH 4608 CAYETANA PL NW ALBUQUERQUE, NM 87120	
Code: Allocation Project - D.Howell	

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
(Mail Only - 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

Form 3800, August 2008, V-1 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6929

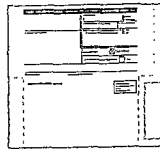
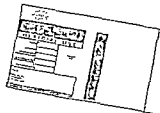
PATRICIA G HARVEY
1545 LONDON RD
CHARLOTTESVILLE, VA 22901

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

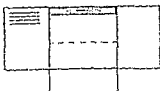
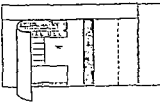
Reorder Form LCD-8
v. 01/07

2. Article Number 7110 6605 9590 0012 6929	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 G HARVEY 1545 LONDON RD CHARLOTTESVILLE, VA 22901 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 6929	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Patricia G Harvey</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/13/10 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
1. Article Addressed to: PATRICIA G HARVEY 1545 LONDON RD CHARLOTTESVILLE, VA 22901 Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000126929
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
Covered Only. No Insurance Coverage Provided.
 For delivery information, visit us online 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	

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

PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6936

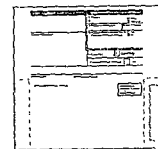
PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

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

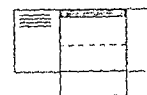
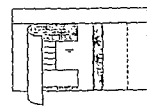
Reorder Form LCD-811 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6936		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
PATRICIA LAURIE FRANCIL 4556 CR 240 DURANGO, CO 81301		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 TOP OF THE RETURN ADDRESS



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6936		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
PATRICIA LAURIE FRANCIL 4556 CR 240 DURANGO, CO 81301		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 #: 71106605959000126936
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:

3



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

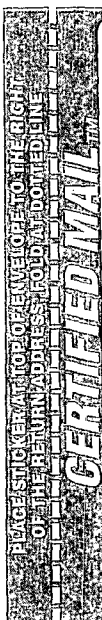
7110 6605 9590 0012 6943

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	

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

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

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 #:

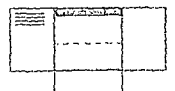
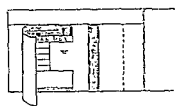
Reorder Form LCD-8
v. 01/07

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 Rigg</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>PAT RIGG</i> 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

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 #:

Reorder Form LCD-8
01/07

2. Article Number 7110 6605 9590 0012 6950	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: PATRICIA SIMPSON TRUST C/O U S TR CO OF NY PAT HUGHES 114 W 47TH ST - 8TH FLR NEW YORK, NY 10036	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

PS Form 3811

Domestic Return Receipt

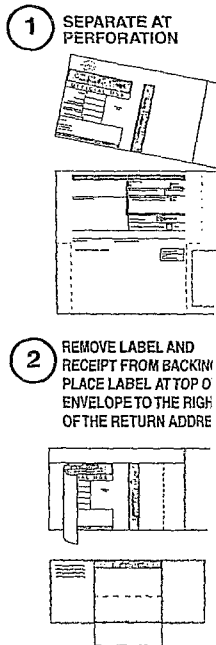
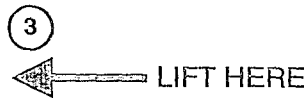
UNITED STATES POSTAL SERVICE



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

Lisa Hunter, Land Department
SJBUC ConocoPhillips
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 #:





U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Certified 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 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	7110 6605 9590 0012 6967
1. Article Addressed to:	PATRICIA STEELE 1105 GRAND AVE EVERETT, WA 98201
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

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 #:



LIFT HERE

Reorder Form LCD-1 rev. 01/07

San Juan Business
PO Box 4289
Farmington NM 87499-4289

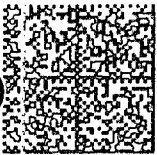
ConocoPhillips

7110 6605 9590 0012 6967

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

CRITICAL TOICIA STEELE
RETURN TO SENDER
UNCLAIMED

UNITED STATES POST
02 1R
000655758
MAILED FRC





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

Send To
PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401
Street, Apt. No.,
PO Box No.
City, State, Zip+4
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



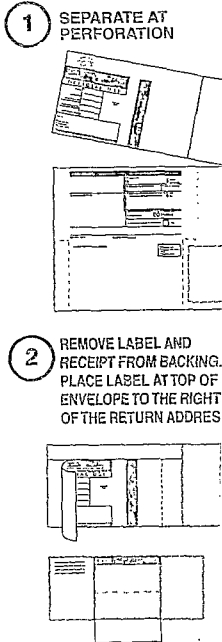
7110 6605 9590 0012 6974

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6974	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. Article Addressed to: PATRICIA VELARDE 409 SAN MEDINA FARMINGTON, NM 87401	



2. Article Number 7110 6605 9590 0012 6974	COMPLETE THIS SECTION ON DELIVERY A. Signature X Patricia Velarde ☐ 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. Article Addressed to: 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 #:





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

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 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



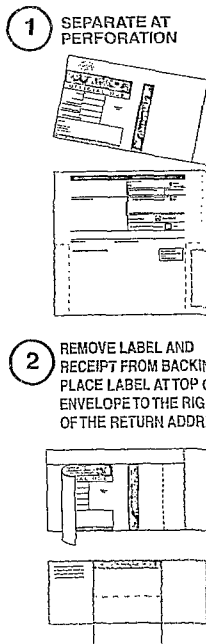
7110 6605 9590 0012 6981

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

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

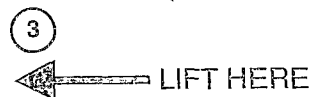
Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6981	A. Signature X ☐ Agent ☐ 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 X <i>Patrick Macintosh</i> ☐ Agent ☐ 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 #:





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

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	

sent To

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

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



7110 6605 9590 0012 6998

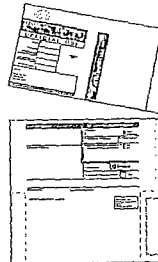
PATRICK J HERBERT III SUCC TTEE UAD
C/O SIMPSON ESTATES
30 N LA SALLE ST #1232
CHICAGO, IL 60602-3344

Batch #: 2195
Article #: 71106605959000126998
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

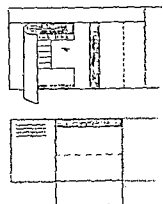
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6998	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK J HERBERT III SUCC TTEE UAD C/O SIMPSON ESTATES 30 N LA SALLE ST #1232 CHICAGO, IL 60602-3344	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

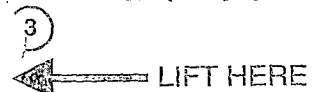


2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6998	A. Signature ☐ Agent x D. Coy ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATRICK J HERBERT III SUCC TTEE UAD C/O SIMPSON ESTATES 30 N LA SALLE ST #1232 CHICAGO, IL 60602-3344	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 #: 71106605959000126998
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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	

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

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7001

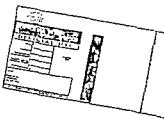
PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

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

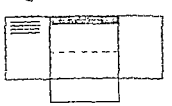
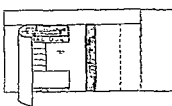
Reorder Form LCD-8 Rev. 01/07

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 Patsy Cummins ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY R CUMMINS 5110 A SHADYLANE MIDLAND, TX 79703	Patsy Cummins 9-14-10
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 #: 71106605959000127001
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 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	

Sent To
PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

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

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

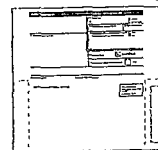
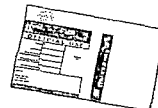
PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

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

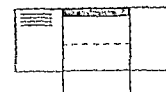
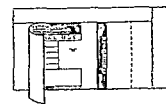
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3934	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY L WILLIAMSON 3713 BLUEBELL DR EVERMAN, TX 76140	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 3934	A. Signature X <i>James Wilkins</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY L WILLIAMSON 3713 BLUEBELL DR EVERMAN, TX 76140	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. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



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

3



7110 6605 9590 0012 7018

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

sent To

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

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

Form 3811, August 2009. For more information, see Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7018

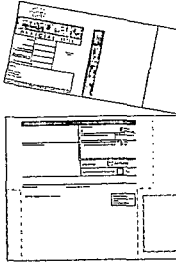
PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

Batch #: 2195
Article #: 71106605959000127018
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

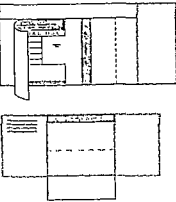
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7018	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATTERSON GROUP 6237 S DOVER ST LITTLETON, CO 80123	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 7018	A. Signature ☐ Agent X <i>Julie Patterson</i> ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATTERSON GROUP 6237 S DOVER ST LITTLETON, CO 80123	<i>Julie Patterson</i> <i>9/4/10</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 #: 71106605959000127018
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
For Mail Only; No Insurance Coverage Provided
For information visit our website at www.usps.com

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. 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-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7025	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATTI PECK WOOD PO BOX 1099 RISING STAR, TX 76471	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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7025	A. Signature X <i>Shirley Allen</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Shirley Allen</i> <i>9/7/10</i>
PATTI PECK WOOD PO BOX 1099 RISING STAR, TX 76471	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

Batch #: 2195
Article #: 71106605959000127025
Date/Time: 8/31/2010 12:42:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

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

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



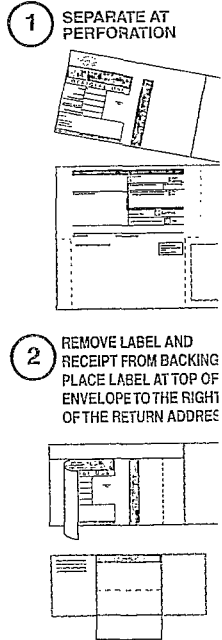
7110 6605 9590 0012 7032

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
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 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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2195
Article #: 71106605959000127032
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
(No Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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	

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7049

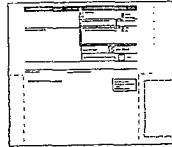
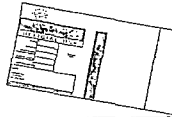
PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

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

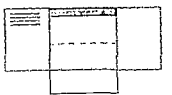
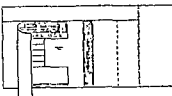
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7049	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL A TREXEL 6460 EL ROBLE ST LONG BEACH, CA 90815-4617	D. Is delivery address different from item 1? ☐ Yes If YES 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 7049	A. Signature X William C. Trexel ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-7-10
PAUL A TREXEL 6460 EL ROBLE ST LONG BEACH, CA 90815-4617	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



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 (Indorsement Required)		\$2.80	
Restricted Delivery Fee (Indorsement 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 See Reverse for Instructions

Code: Allocation Project - D.Howell



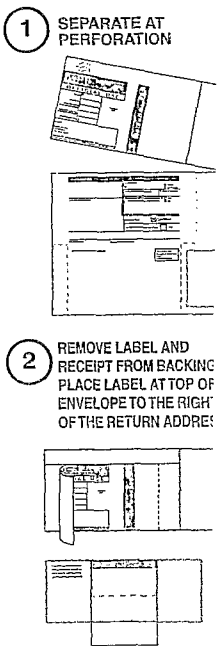
7110 6605 9590 0012 7056

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 #:

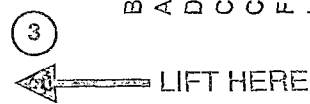
Reorder Form LCD-8 v. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7056		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702		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 7056		A. Signature X <i>Jeremiah Luttrell</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Jeremiah Luttrell</i>	C. Date of Delivery <i>9/7/10</i>
PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702		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 #: 71106605959000127056
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 7063

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+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

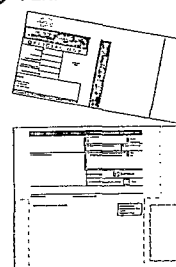
PAUL PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

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

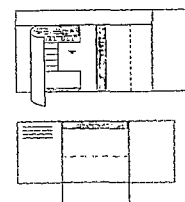
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7063	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL PATE ATTN OIL & GAS DEPT PO BOX 3480 OMAHA, NE 68103-0480	D. Is delivery address different from item 1? ☐ Yes 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

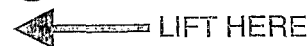


2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7063	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL PATE ATTN OIL & GAS DEPT PO BOX 3480 OMAHA, NE 68103-0480	D. Is delivery address different from item 1? ☐ Yes 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 #: 71106605959000127063
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



LIFT HERE



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

7110 6605 9590 0012 7070

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 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 #:

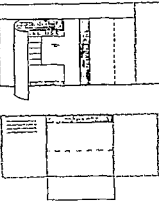
Reorder Form LCD-8-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7070	A. Signature X ☐ Agent ☐ 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	

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 7070	A. Signature X ☐ Agent ☐ 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 #:



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

7110 6605 9590 0012 7087

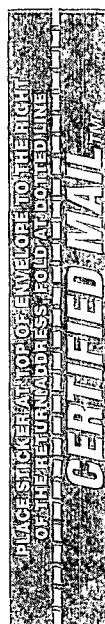
Postage	\$		Postmark Here
	\$1.05		
Certified Fee			
	\$2.80		
Return Receipt Fee (endorsement Required)			
	\$2.30		
Restricted Delivery Fee (endorsement Required)			
	\$0.00		
Total Postage & Fees	\$	\$6.15	

ent To

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

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

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

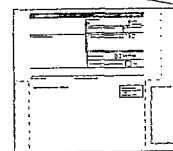
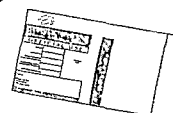
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7087	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL SLAYTON P.O. BOX 2035 ROSWELL, NM 88202-2035	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

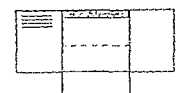
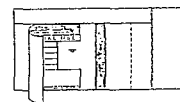
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7087	A. Signature X <i>Jane Andrews</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL SLAYTON P.O. BOX 2035 ROSWELL, NM 88202-2035	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No <i>Box 2035</i>
	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



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



7110 6605 9590 0012 7094

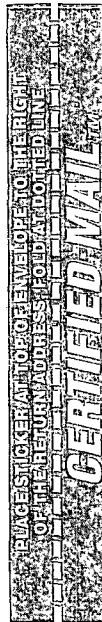
Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (Endorsement Required)		\$2.80	
Restricted Delivery Fee (Endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To

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

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7094

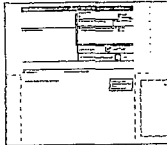
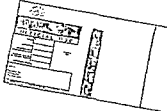
PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

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

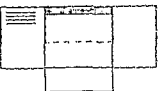
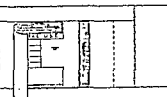
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7094	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAULETTE SHARON CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? ☐ Yes If YES 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 7094	A. Signature X <i>Sharon Candelaria</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Sharon Candelaria</i> <i>9-3-10</i>
PAULETTE SHARON 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	

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

3

LIFT HERE



7110 6605 9590 0012 7100

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

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, PSN 7530-01-000-9000 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
COMPLETE THIS SECTION ON DELIVERY	
A. Signature	☐ Agent ☒ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell

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

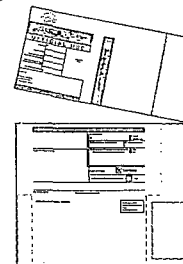
Batch #: 2195
Article #: 71106605959000127100
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

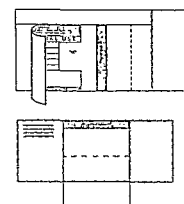


LIFT HERE

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 Business Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips
UNDELIVERABLE
UNADDRESSED,
UNABLE TO FORWARD

7110 6605 9590 0012 7117

9/14

[Handwritten signature]

PAULINE P. JOHNSON
10610 SEVERS PARK DRIVE
HOUSTON, TX 77024

UNITED STATES
POSTAGE
PAID
15
MAILED



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		
Total Postage & Fees	\$0.00		
	\$	\$6.15	

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

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

Form 3800, August 2003, 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7117	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAULINE P. JOHNSON 10610 S EVERS PARK DRIVE HOUSTON, TX 77024	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

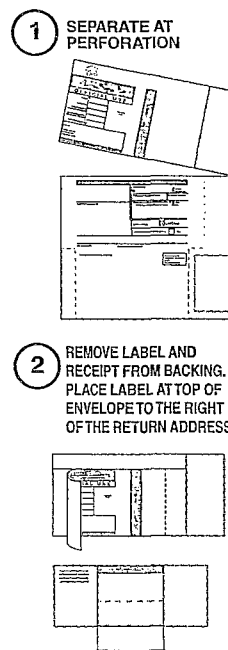


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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



Reorder Form LCD-8 rev. 01/07



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

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

PEARL R TAYLOR EST
2610 FIRST ST
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 #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3941

1. Article Addressed to:

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

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 0013 3941

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X Linda Taylor ☒ Addressee

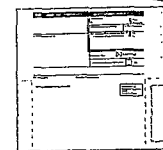
B. Received by (Printed Name) C. Date of Delivery
X Linda Taylor 9.20.10

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

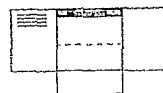
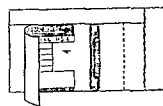
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



3

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



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.,
PO Box No.
City, 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

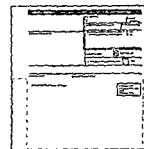
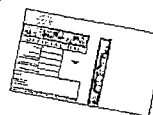
PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

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

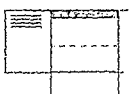
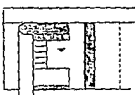
Reorder Form LCD-8111 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7124	A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PENELOPE HESS BUTLER 4605 POST OAK PL, STE 107 HOUSTON, TX 77027	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 TOP OF ENVELOPE TO THE OF THE RETURN AT



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7124	A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PENELOPE HESS BUTLER 4605 POST OAK PL, STE 107 HOUSTON, TX 77027	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 #: 71106605959000127124
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:



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	

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

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS TO INDICATE DELIVERY
CERTIFIED MAIL

TEST 2700 0656 5099 0112

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2195
Article #: 7110660595000127131
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81122.01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7131	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (<i>Printed Name</i>) C. Date of Delivery
PENNIES FROM HEAVEN LLC PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (<i>Extra Fee</i>) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7131	A. Signature  ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (<i>Printed Name</i>) C. Date of Delivery 9/11/05
PENNIES FROM HEAVEN LLC PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (<i>Extra Fee</i>) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

3

Batch #: 2195
Article #: 71106605959000127131
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:

Batch #: 2195

Article #: 71106605959000127131
Date/Time: 8/31/2010 12:42:24 PM

Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell

Code2:

ii

SEPARATE AT
PERFORATION

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

FT ME



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		
Total Postage & Fees	\$0.00		
	\$	\$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

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7148	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PENROC OIL CORPORATION P O BOX 2769 HOBBS, NM 88241-2769	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
SJBUC ConocoPhillips
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

Postal Service
REGISTERED MAIL - RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Delivery information at 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.

ity, State, Zip+4

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D. Howell

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

CERTIFIED MAIL

22707 0950 0022 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 #:

2. Article Number

7110 6605 9590 0012 7155

1. Article Addressed to:

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Code: Allocation Project - D. Howell

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	☐ Agent ☐ Addressee
B. Received by (<i>Printed Name</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? (<i>Extra Fee</i>) ☐ Yes	

2. Article Number

7110 6605 9590 0012 7155

1. Article Addressed to:

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

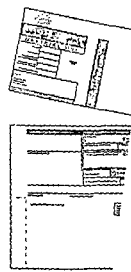
ASPEN CO 81611
SEP 7 2000
USPS

Code: Allocation Project - D Howell

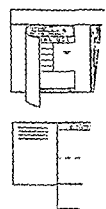
COMPLETE THIS SECTION ON DELIVERY	
A. Signature ☒ <i>Ferry H. Pollock</i>	☐ Agent ☐ Addressee
B. Received by (Printed Name) <i>Ferry H. Pollock</i>	C. Date of Delivery <i>9-7-68</i>
D. Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below:	

Reorder Form LCD-811R rev. 01/07

① SEPARATE AT
PERFORATION



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



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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided.
Delivery Confirmation 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

SI Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



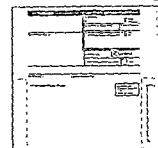
7110 6605 9590 0012 7162

PETCO LIMITED
PO BOX 911
BRECKENRIDGE, TX 76424-0911

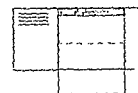
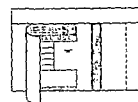
Batch #: 2195
Article #: 71106605959000127162
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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 Noggle</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Martha Noggle</i> <i>9-7-10</i>
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

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



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

Form 3800, August 2006 See Reverse for Instructions

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

1. Article Addressed to:
PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

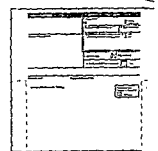
B. Received by (Printed Name) C. Date of Delivery

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

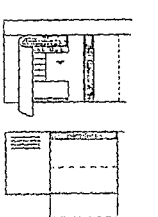
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECIPT FROM BACK PLACE LABEL AT TOP OF THE RETURN MAIL



2. Article Number
7110 6605 9590 0012 7179

1. Article Addressed to:
PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Jacobson 9/5

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

3

LIFT HERE

ROVER

Postal Service
REGISTERED MAIL RECEIPT
 (Registered Mail 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

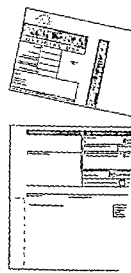
PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

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

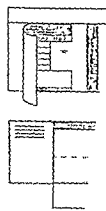
Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7186		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
PETER MCKEE BRENNAND PO BOX 6268 SANTA FE, NM 87502		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

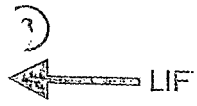


2 REMOVE LABEL RECEIPT FROM PLACE LABEL / ENVELOPE TO OF THE RETURN



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7186		A. Signature X ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Peter McKee Brennan	C. Date of Delivery 9/4/10
PETER MCKEE BRENNAND PO BOX 6268 SANTA FE, NM 87502		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 #: 71106605959000127186
 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
Delivery and return receipt by first-class mail only.
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-811H 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

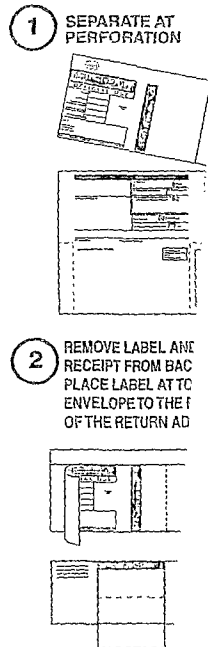
A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number
7110 6605 9590 0012 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
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 #: 71106605959000127193
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only (No Insurance Coverage Provided)
Return Receipt (Optional) - See Reverse for Instructions
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	

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

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

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7209

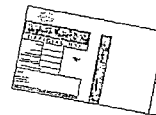
PETROGULF CORPORATION
518 17TH ST STE 1455
DENVER, CO 80202

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

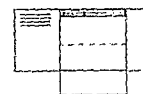
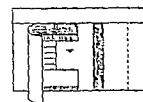
Reorder Form LCD-811 01/07

2. Article Number: 7110 6605 9590 0012 7209	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: PETROGULF CORPORATION 518 17TH ST STE 1455 DENVER, CO 80202	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 FRONT OF THE RETURN ADDRESS



2. Article Number: 7110 6605 9590 0012 7209	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>D. Howells</i> 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
1. Article Addressed to: PETROGULF CORPORATION 518 17TH ST STE 1455 DENVER, CO 80202	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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
(For Mail Only, No Insurance Coverage Provided)
For 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 #:

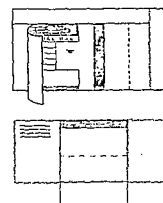
PS Form 3810, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7216	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PGC GAS COMPANY 8080 N CENTRAL EXPWY 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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7216	A. Signature X <i>Amelle Khan</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PGC GAS COMPANY 8080 N CENTRAL EXPWY 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 #: 71106605959000127216
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



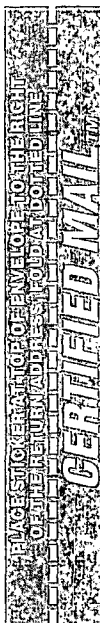
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 7223

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	

Return To
Philip G Demeree
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

PS Form 3800, August 2006 Seal Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7223

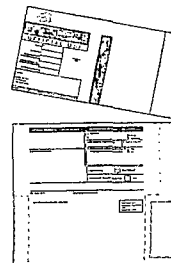
PHILIP G DEMEREE
7561 VIA CAMELLO DEL SUR
SCOTTSDALE, AZ 85258

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

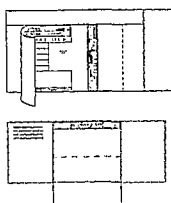
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 7223	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ 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
--	--

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 ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Philip Demeree 9-23-10 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 #: 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
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	

Post 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-8 01/07

2. Article Number

7110 6605 9590 0012 7230

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

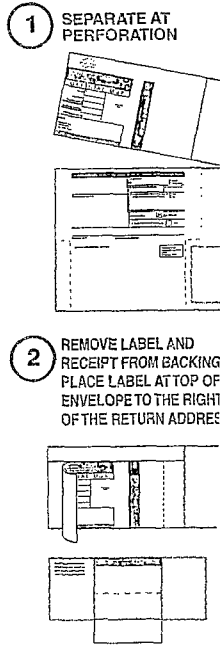
A. Signature ☒ Agent ☒ Addressee
X

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 7230

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

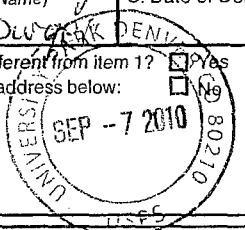
A. Signature ☐ Agent ☐ Addressee
X Debra L. Homburger

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

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 #: 71106605959000127230
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
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

Postage	7110 6605 9590 0013 3132	
Certified Fee	\$0.44	Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	
Total		\$5.54
To 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™

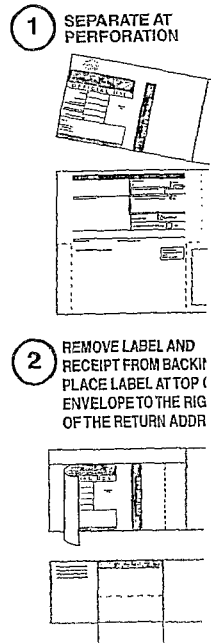
7110 6605 9590 0013 3132

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 7110 6605 9590 0013 3132	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
--	---

2. Article Number 7110 6605 9590 0013 3132	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
--	---



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

LIFT HERE



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

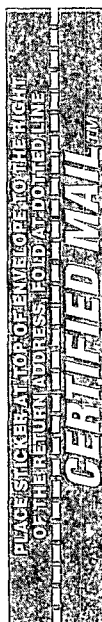
7110 6605 9590 0012 7247

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	

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

Form 3800, August 2006 (Rev. 01/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



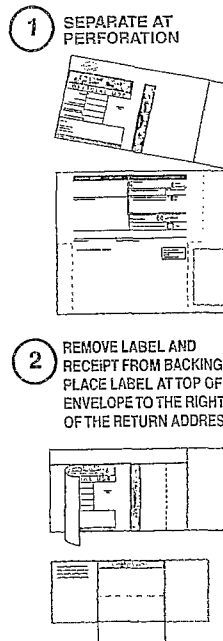
7110 6605 9590 0012 7247

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 X ☐ Agent ☐ Addressee		
B. Received by (Printed Name)		C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No		
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		



2. Article Number	7110 6605 9590 0012 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 X <i>Phyllis F. Hoffman</i> ☐ Agent ☒ Addressee		
B. Received by (Printed Name) <i>Phyllis F. Hoffman</i>		C. Date of Delivery <i>9/3/10</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		

Batch #: 2195
Article #: 71106605959000127247
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
(Certified Mail Only; No Insurance Coverage Provided)
For information visit our Web site at www.usps.com

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	

Ant To
reat, Apt. No.;
PO Box No.
ty, State, Zip+4

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

Form 3800, August 2006, PSN 7530-01-000-9000 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

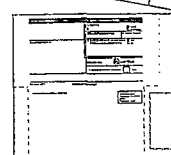
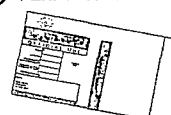
Batch #: 2195
Article #: 71106605959000127254
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

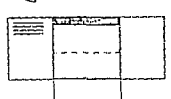
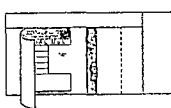
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7254	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PINE CONE PROPERTIES LLC 1859 OAK CREEK DR GREENWOOD VILLAGE, CO 80121	D. Is delivery address different from item 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 7254	A. Signature X <i>Diane Carlett</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PINE CONE PROPERTIES LLC 1859 OAK CREEK DR GREENWOOD VILLAGE, CO 80121	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 #: 71106605959000127254
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
No Insurance Coverage Provided
For more information visit our website at www.usps.com

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	

ent To

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

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Form 3800, 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

PS Form 3814

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)

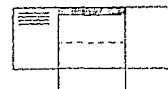
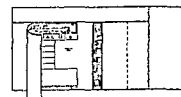


Yes

1 SEPARATE AT PERFORATION



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



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

L. Dichter

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 #: 71106605959000127261
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
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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	

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

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

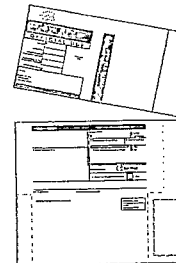
Batch #: 2195
Article #: 71106605959000127278
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

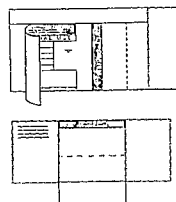
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7278	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PINTAIL PRODUCTION CO INC 6467 SOUTHWEST BLVD FORT WORTH, TX 76132	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 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> 9/7/10
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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2195
Article #: 71106605959000127278
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
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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	

Int To
reet, 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, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7285

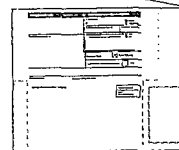
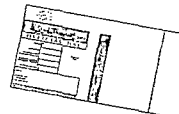
PIONEER NATURAL RESOURCES USA INC
ATTN NM PROPERTY MESA ROY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2195
Article #: 71106605959000127285
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

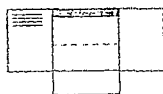
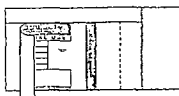
Reorder Form LCD-800 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7285	A. Signature X ☐ Agent ☐ 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
	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 7285	A. Signature X ☐ Agent ☐ 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 Bartlesville, OK
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2195
Article #: 71106605959000127285
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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.
ty, State, Zip+4

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

Form 3800, August 2006 PSN 539 Reverse for Instructions

Code: Allocation Project - D.Howell

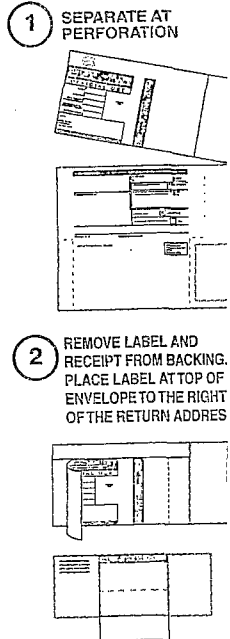


7110 6605 9590 0012 7292

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7292	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PITCH ENERGY CORP PO BOX 304 ARTESIA, NM 88211-0304	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 7292	A. Signature X <i>Kander Robison</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Kander Robison</i>
PITCH ENERGY CORP PO BOX 304 ARTESIA, NM 88211-0304	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 #: 71106605959000127292
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
(Domestic Mail Only, No Insurance Coverage Provided)
For 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	

Send To
Post, 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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7308

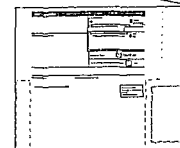
POTENZIANI FAMILY PTSP
C/O FRANK POTENZIANI
PO BOX 676281
RANCHO SANTA FE, CA 92067-6281

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

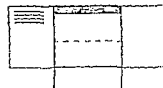
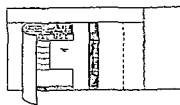
Reorder Form LCD-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7308	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
POTENZIANI FAMILY PTSP C/O FRANK POTENZIANI PO BOX 676281 RANCHO SANTA FE, CA 92067-6281	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 7308	A. Signature X <i>Reggie</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
POTENZIANI FAMILY PTSP C/O FRANK POTENZIANI PO BOX 676281 RANCHO SANTA FE, CA 92067-6281	<i>Reginald Abel</i> <i>9/15/10</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 #: 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	\$		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

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

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7315

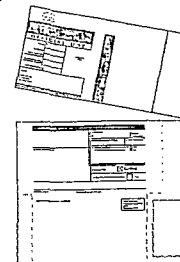
PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

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

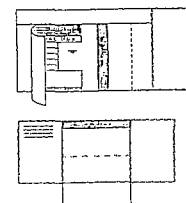
Reorder Form LCD rev. 01/07

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 #:





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

7110 6605 9590 0012 7322

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

PRIMITIVE PETROLEUM INC
4514 ROBIN LANE
MIDLAND, TX 79707

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



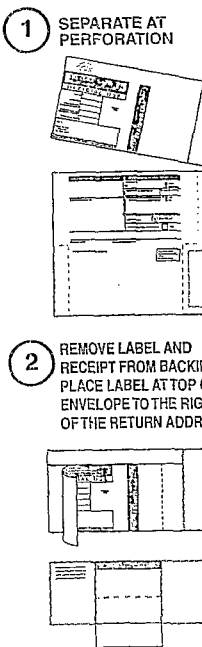
7110 6605 9590 0012 7322

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 #:

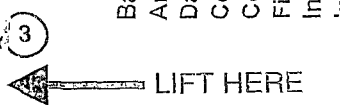
Reorder Form LCD-8
v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7322	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PRIMITIVE PETROLEUM INC 4514 ROBIN LANE MIDLAND, TX 79707	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 7322	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PRIMITIVE PETROLEUM INC 4514 ROBIN LANE MIDLAND, TX 79707	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 #: 71106605959000127322
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

ent To

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7339

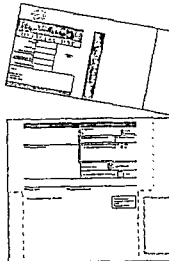
PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

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

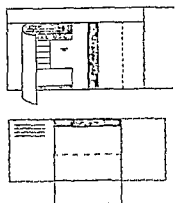
Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7339		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
PRINCETON UNIVERSITY GRADUATE COLLEGE PO BOX 35 PRINCETON, NJ 08544-0035		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 7339		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
PRINCETON UNIVERSITY GRADUATE COLLEGE PO BOX 35 PRINCETON, NJ 08544-0035		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 #: 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	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (Indorsement Required)		\$2.80	
Restricted Delivery Fee (Indorsement Required)		\$2.30	
Total Postage & Fees	\$	\$6.15	

ent To

reet, 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

Code: Allocation Project - D.Howell



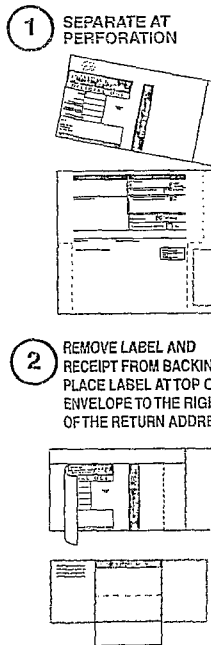
7110 6605 9590 0012 7346

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

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

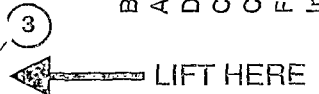
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 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
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 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
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





7110 6605 9590 0012 7353

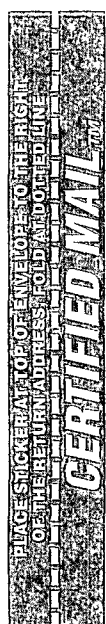
Postage	\$	
Certified Fee	\$1.05	
Return Receipt Fee (endorsement Required)	\$2.80	
Restricted Delivery Fee (endorsement Required)	\$2.30	
Total Postage & Fees	\$6.15	

Postmark Here

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

Form 3800, August 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 #:

Reorder Form LCD-8 Rev. 01/07

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

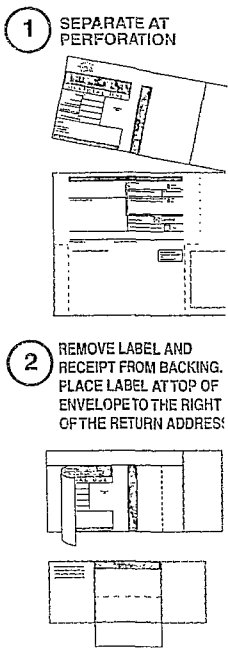
A. Signature: ☒ Agent ☒ Addressee

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

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

3. Service Type: ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number: 7110 6605 9590 0012 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 ☒ Addressee

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

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

3. Service Type: ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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	\$		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	

Production Gathering Company LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

Form 3800, August 2006 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 75206

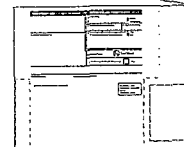
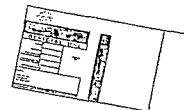
Batch #: 2195
Article #: 71106605959000127360
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

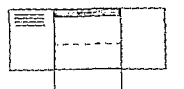
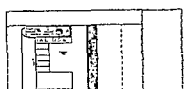
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7360	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PRODUCTION GATHERING COMPANY LP 8080 N CENTRAL EXPRESSWAY, STE 1090 DALLAS, TX 75206	D. Is delivery address different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

Code: Allocation Project - D.Howell

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



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 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	

Postage To
Street, Apt. No.,
PO Box No.
City, 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

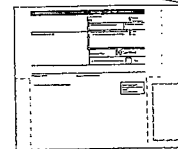
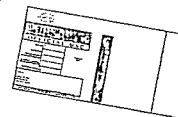
PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

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

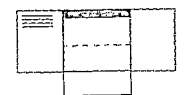
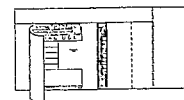
Reorder Form LCD-1 rev. 01/07

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
(Certified Mail Only, No Insurance Coverage Provided)
For information visit our website 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	

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

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

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-Rev. 01/07

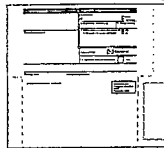
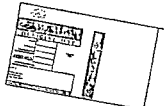
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7384	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PURE RESOURCES LP PO BOX 730365 DALLAS, TX 75391-0365	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

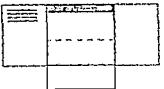
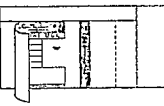
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7384	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 052010
PURE RESOURCES LP PO BOX 730365 DALLAS, TX 75391-0365	D. Is delivery address different from item 1? ☐ Yes If 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 #: 71106605959000127384
Date/Time: 8/31/2010 12:42:26 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: