



**U.S. Postal Service**  
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7110 6605 9590 0013 1077

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

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

**T D CUNNINGHAM**  
**PO BOX 5383**  
**DENVER, CO 80217-5383**

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1077

**T D CUNNINGHAM**  
**PO BOX 5383**  
**DENVER, CO 80217-5383**

Batch #: 2202  
 Article #: 71106605959000131077  
 Date/Time: 8/31/2010 1:28:43 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 0013 1077

1. Article Addressed to:

**T D CUNNINGHAM**  
**PO BOX 5383**  
**DENVER, CO 80217-5383**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

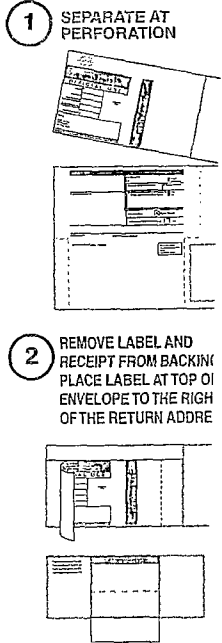
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1077

1. Article Addressed to:

**T D CUNNINGHAM**  
**PO BOX 5383**  
**DENVER, CO 80217-5383**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Matthew Deacon*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Matthew Deacon* 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 #: 2202  
 Article #: 71106605959000131077  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0013 1091

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	

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

**TAMACAM LLC**  
**C/O JAMES M RAYMOND-POA**  
**PO BOX 291445**  
**KERRVILLE, TX 78029-1445**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1091

**TAMACAM LLC**  
**C/O JAMES M RAYMOND-POA**  
**PO BOX 291445**  
**KERRVILLE, TX 78029-1445**

Batch #: 2202  
 Article #: 71106605959000131091  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1091

1. Article Addressed to:

**TAMACAM LLC**  
**C/O JAMES M RAYMOND-POA**  
**PO BOX 291445**  
**KERRVILLE, TX 78029-1445**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

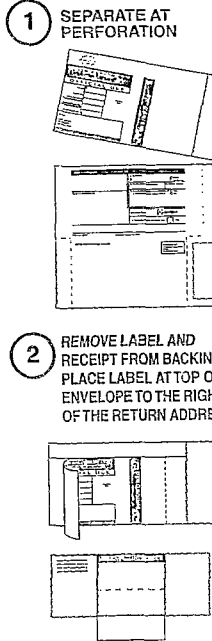
**X**

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 0013 1091

1. Article Addressed to:

**TAMACAM LLC**  
**C/O JAMES M RAYMOND-POA**  
**PO BOX 291445**  
**KERRVILLE, TX 78029-1445**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

**X** *Nicole Govertsen*

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

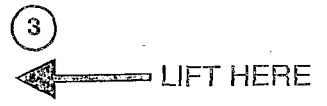
*Nicole Govertsen* *09/00/10*

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 #: 2202  
 Article #: 71106605959000131091  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form PS Form 3800, August 2006 PSN 7530-01-000-9010-9010-01 rev. 01/07



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7110 6605 9590 0013 4023

Postage	\$ 0.44	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$5.54</b>	

Delivered To: **TANE R POTTER**  
**109 KING JAMES CIR**  
**OXFORD, PA 19363-4223**

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

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 4023

TANE R POTTER  
109 KING JAMES CIR  
OXFORD, PA 19363-4223

Batch #: 2273  
 Article #: 71106605959000134023  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0013 4023

1. Article Addressed to:

**TANE R POTTER**  
**109 KING JAMES CIR**  
**OXFORD, PA 19363-4223**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION

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

**2. Article Number**

7110 6605 9590 0013 4023

1. Article Addressed to:

**TANE R POTTER**  
**109 KING JAMES CIR**  
**OXFORD, PA 19363-4223**

**COMPLETE THIS SECTION ON DELIVERY**

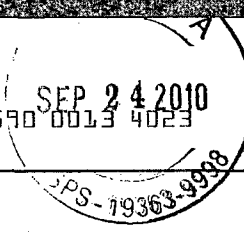
A. Signature  Agent  
 Addressee

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

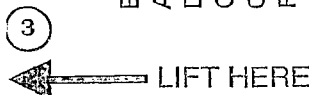
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2273  
 Article #: 71106605959000134023  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0013 1107

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

**TED E DUFF TRUST**  
**PO BOX 398**  
**RUIDOSO, NM 88345**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1107

TED E DUFF TRUST  
 PO BOX 398  
 RUIDOSO, NM 88345

Batch #: 2202  
 Article #: 71106605959000131107  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1107

1. Article Addressed to:

**TED E DUFF TRUST**  
**PO BOX 398**  
**RUIDOSO, NM 88345**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

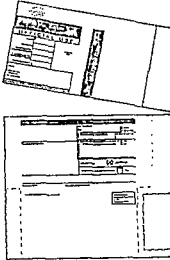
B. Received by (Printed Name) C. Date of Delivery

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

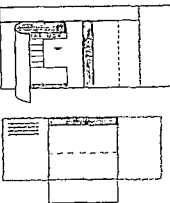
3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0013 1107

1. Article Addressed to:

**TED E DUFF TRUST**  
**PO BOX 398**  
**RUIDOSO, NM 88345**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

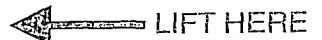
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131107  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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7110 6605 9590 0013 1114

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

Postmark  
Here

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

**TEMPE LIMITED PARTNERSHIP**  
**C/O F E OR M K HARRINGTON**  
**8081 CLYMER LANE**  
**INDIANAPOLIS, IN 46250**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1114

**TEMPE LIMITED PARTNERSHIP**  
**C/O F E OR M K HARRINGTON**  
**8081 CLYMER LANE**  
**INDIANAPOLIS, IN 46250**

Batch #: 2202  
 Article #: 71106605959000131114  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2005 See reverse for instructions

**2. Article Number**

7110 6605 9590 0013 1114

1. Article Addressed to:

**TEMPE LIMITED PARTNERSHIP**  
**C/O F E OR M K HARRINGTON**  
**8081 CLYMER LANE**  
**INDIANAPOLIS, IN 46250**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

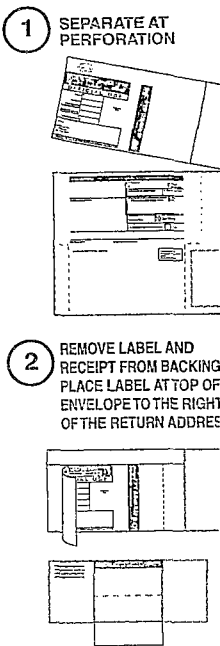
A. Signature  Agent  
 Addressee

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



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1114

1. Article Addressed to:

**TEMPE LIMITED PARTNERSHIP**  
**C/O F E OR M K HARRINGTON**  
**8081 CLYMER LANE**  
**INDIANAPOLIS, IN 46250**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

M. HARRINGTON 9-20-10

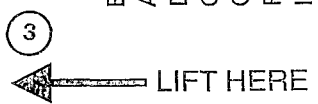
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

SEP 20 2010 IN

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131114  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0013 1121

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  
 TERA ELIZABETH SALTER  
 1457 W UNIVERSITY DR 74  
 MESA, AZ 85201

Form 3800, August 2006. See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1121

TERA ELIZABETH SALTER  
1457 W UNIVERSITY DR 74  
MESA, AZ 85201

Batch #: 2202  
 Article #: 71106605959000131121  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

**2. Article Number**  
7110 6605 9590 0013 1121

1. Article Addressed to:  
 TERA ELIZABETH SALTER  
 1457 W UNIVERSITY DR 74  
 MESA, AZ 85201

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

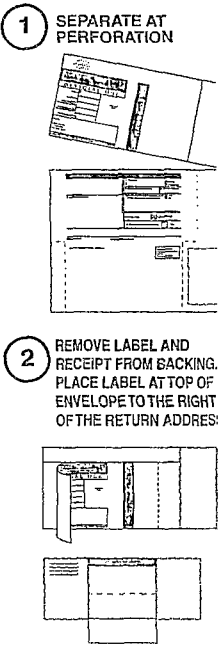
A. Signature  
 Agent  
 Addressee

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

D. Is delivery address different from item 1?  
 If YES enter delivery address below:

3. Service Type  
 Certified

4. Restricted Delivery? (Extra Fee)  
 Yes



**2. Article Number**  
7110 6605 9590 0013 1121

1. Article Addressed to:  
 TERA ELIZABETH SALTER  
 1457 W UNIVERSITY DR 74  
 MESA, AZ 85201

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?  
 If YES enter delivery address below:

3. Service Type  
 Certified

4. Restricted Delivery? (Extra Fee)  
 Yes

Batch #: 2202  
 Article #: 71106605959000131121  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0013 4030

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	

Send To  
**TERESA SLOCUM**  
 21 RD 5150  
 BLOOMFIELD, NM 87413

Street, Apt. No.,  
 or 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 4030

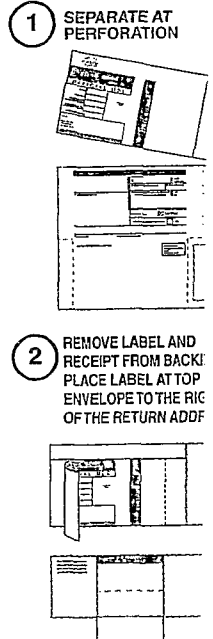
TERESA SLOCUM  
 21 RD 5150

BLOOMFIELD, NM 87413

Batch #: 2273  
 Article #: 71106605959000134030  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

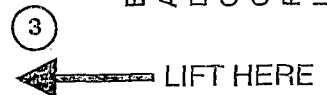
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 4030	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 4030	A. Signature <i>Teresa Slocum</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/17/10
TERESA SLOCUM 21 RD 5150 BLOOMFIELD, NM 87413	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2273  
 Article #: 71106605959000134030  
 Date/Time: 9/14/2010 3:35:39 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:





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7110 6605 9590 0013 1138

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

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

**TEX ZIA PROPERTIES LTD**  
**PO BOX 261427**  
**PLANO, TX 75026-1427**

Code: Allocation Project - D.Howell

PLACER STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT BOTTOM LINE.  
**REGISTERED MAIL**

7110 6605 9590 0013 1138

**TEX ZIA PROPERTIES LTD**  
**PO BOX 261427**  
**PLANO, TX 75026-1427**

Batch #: 2202  
 Article #: 71106605959000131138  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2006. See Reverse for Instructions

Reorder Form LCD-8 01/07

**2. Article Number**

7110 6605 9590 0013 1138

1. Article Addressed to:

**TEX ZIA PROPERTIES LTD**  
**PO BOX 261427**  
**PLANO, TX 75026-1427**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

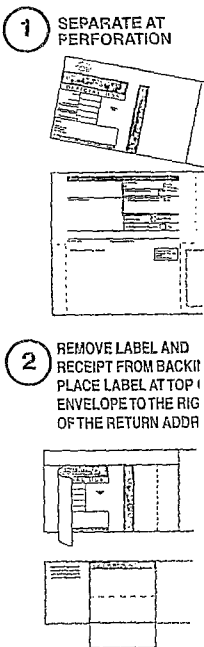
A. Signature  
**X**  Agent  
 Addressee

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 0013 1138

1. Article Addressed to:

**TEX ZIA PROPERTIES LTD**  
**PO BOX 261427**  
**PLANO, TX 75026-1427**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X Sara Montgomery**  Agent  
 Addressee

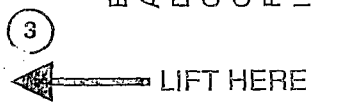
B. Received by (Printed Name) C. Date of Delivery  
**Sara Montgomery 9-9-10**

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131138  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:







U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
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7110 6605 9590 0013 1145

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  
 Texas Royalties  
 P O BOX 3579  
 MIDLAND, TX 79702

From 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1145

TEXAS ROYALTIES  
 P O BOX 3579  
 MIDLAND, TX 79702

Batch #: 2202  
 Article #: 71106605959000131145  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number  
 7110 6605 9590 0013 1145

1. Article Addressed to:  
 TEXAS ROYALTIES  
 P O BOX 3579  
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

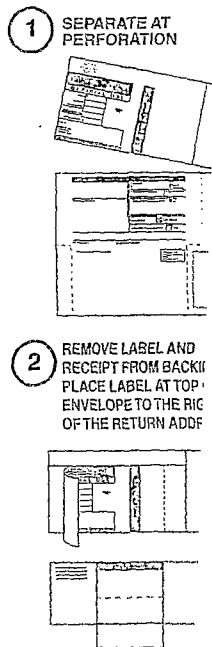
A. Signature  Agent  
 Addressee

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 0013 1145

1. Article Addressed to:  
 TEXAS ROYALTIES  
 P O BOX 3579  
 MIDLAND, TX 79702

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

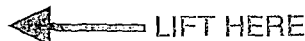
B. Received by (Printed Name) C. Date of Delivery  
 E. Edwards 9-17-10

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 #: 2202  
 Article #: 71106605959000131145  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:





U.S. Postal Service  
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7110 6605 9590 0013 1152

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

**THE DOROTHY T RUTTER TRUST**  
PO BOX 3186  
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS TO BE AT BOTTOM OF  
ENVELOPE  
**CERTIFIED MAIL**

7110 6605 9590 0013 1152

**THE DOROTHY T RUTTER TRUST**  
PO BOX 3186  
MIDLAND, TX 79702

Batch #: 2202  
Article #: 71106605959000131152  
Date/Time: 8/31/2010 1:28:43 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Reorder Form LCD-8 01/07

**2 Article Number**

7110 6605 9590 0013 1152

1. Article Addressed to:

**THE DOROTHY T RUTTER TRUST**  
PO BOX 3186  
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

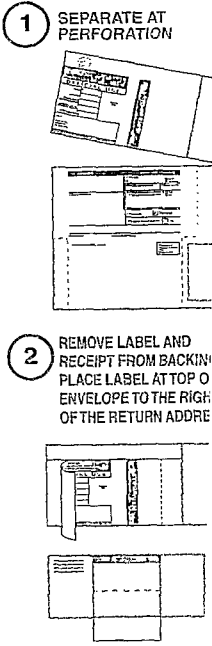
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2 Article Number**

7110 6605 9590 0013 1152

1. Article Addressed to:

**THE DOROTHY T RUTTER TRUST**  
PO BOX 3186  
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *[Signature]*  Addressee

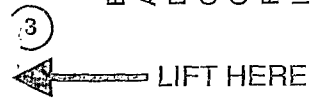
B. Received by (Printed Name) C. Date of Delivery  
*H.W. RUTTER, JR.* *9/8/10*

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
Article #: 71106605959000131152  
Date/Time: 8/31/2010 1:28:43 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:





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7110 6605 9590 0013 1084

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

Postmark Here

Return To  
 T H MCELVAIN OIL AND GAS PROP  
 ATTN: MR. RICK HARRIS  
 1050 17TH ST STE 1800  
 DENVER, CO 80265

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1084

T H MCELVAIN OIL AND GAS PROP  
 ATTN: MR. RICK HARRIS  
 1050 17TH ST STE 1800  
 DENVER, CO 80265

Batch #: 2202  
 Article #: 71106605959000131084  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

**2: Article Number**

7110 6605 9590 0013 1084

1. Article Addressed to:

T H MCELVAIN OIL AND GAS PROP  
 ATTN: MR. RICK HARRIS  
 1050 17TH ST STE 1800  
 DENVER, CO 80265

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

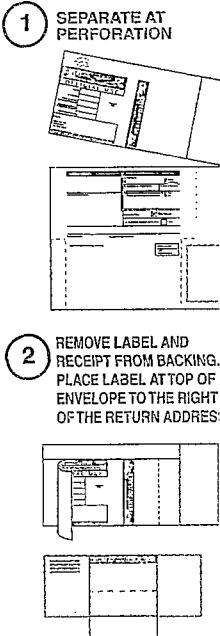
A. Signature  Agent  Addressee  
 X

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 0013 1084

1. Article Addressed to:

T H MCELVAIN OIL AND GAS PROP  
 ATTN: MR. RICK HARRIS  
 1050 17TH ST STE 1800  
 DENVER, CO 80265

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery  
 [Signature] SEP 1 2010

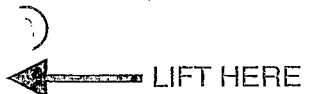
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131084  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07





U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
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7110 6605 9590 0013 1169

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

THE FASKEN FAMILY LIMITED PARTNERSH  
 P. O. BOX 5383  
 DENVER, CO 80217

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1169

THE FASKEN FAMILY LIMITED PARTNERSH  
P. O. BOX 5383  
DENVER, CO 80217

Batch #: 2202  
 Article #: 71106605959000131169  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-01/07

**2. Article Number**

7110 6605 9590 0013 1169

1. Article Addressed to:

THE FASKEN FAMILY LIMITED PARTNERSH  
 P. O. BOX 5383  
 DENVER, CO 80217

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

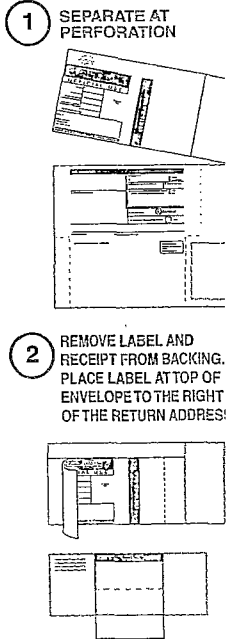
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1169

1. Article Addressed to:

THE FASKEN FAMILY LIMITED PARTNERSH  
 P. O. BOX 5383  
 DENVER, CO 80217

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

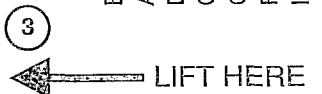
B. Received by (Printed Name) C. Date of Delivery  
*Mackenzie 9-7-10*

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 #: 2202  
 Article #: 71106605959000131169  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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

7110 6605 9590 0013 1176

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

**THE NORDAN TRUST**  
**112 E. PECAN, SUITE 500**  
**SAN ANTONIO, TX 78205**

Form 3811 August 2006 See reverse for instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1176

**THE NORDAN TRUST**  
**112 E. PECAN, SUITE 500**  
**SAN ANTONIO, TX 78205**

Batch #: 2202  
 Article #: 71106605959000131176  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0013 1176

1. Article Addressed to:

**THE NORDAN TRUST**  
**112 E. PECAN, SUITE 500**  
**SAN ANTONIO, TX 78205**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

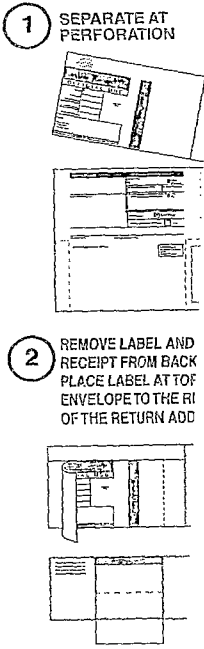
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1176

1. Article Addressed to:

**THE NORDAN TRUST**  
**112 E. PECAN, SUITE 500**  
**SAN ANTONIO, TX 78205**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Debbie Riley*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Debbie Riley* *9-8-10*

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131176  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:



**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
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7110 6605 9590 0013 1183

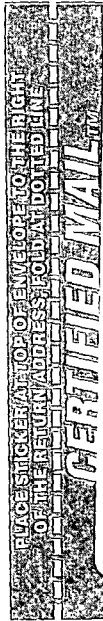
Postage	\$	\$1.05
Certified Fee		\$2.80
Return Receipt Fee (endorsement Required)		\$2.30
Restricted Delivery Fee (endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.15

Postmark Here

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

THE ROBERT A SMITH & PATRICIA L SMITH  
 3 ROAD 2978  
 AZTEC, NM 87410

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1183

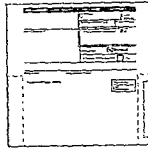
THE ROBERT A SMITH & PATRICIA L SMITH  
 3 ROAD 2978  
 AZTEC, NM 87410

Batch #: 2202  
 Article #: 71106605959000131183  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

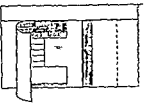
Form 3811, August 2006 See Reverse for Instructions

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0013 1183	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE ROBERT A SMITH & PATRICIA L SMITH 3 ROAD 2978 AZTEC, NM 87410	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

1 SEPARATE AT PERFORATION



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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
7110 6605 9590 0013 1183	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Pat Smith</i> <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
THE ROBERT A SMITH & PATRICIA L SMITH 3 ROAD 2978 AZTEC, NM 87410	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2202  
 Article #: 71106605959000131183  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:

3

LIFT HERE

Reorder Form LCD-81 01/07



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(No Mail Only, No Insurance Coverage Provided)*  
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7110 6605 9590 0013 1190

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

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

**THE VIOLA I STEWART TRUST**  
**P. O. BOX 291245**  
**KERRVILLE, TX 78029-1245**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1190

**THE VIOLA I STEWART TRUST**  
**P. O. BOX 291245**  
**KERRVILLE, TX 78029-1245**

Batch #: 2202  
 Article #: 71106605959000131190  
 Date/Time: 8/31/2010 1:28:43 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2006. See Reverse for Instructions

**2: Article Number**

7110 6605 9590 0013 1190

1. Article Addressed to:

**THE VIOLA I STEWART TRUST**  
**P. O. BOX 291245**  
**KERRVILLE, TX 78029-1245**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

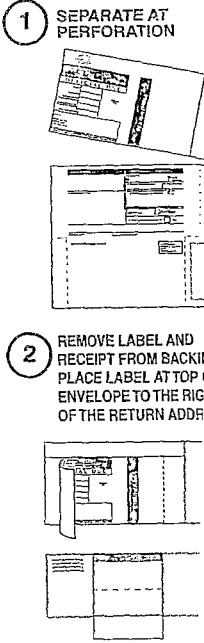
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell



**2: Article Number**

7110 6605 9590 0013 1190

1. Article Addressed to:

**THE VIOLA I STEWART TRUST**  
**P. O. BOX 291245**  
**KERRVILLE, TX 78029-1245**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Nicole Govertsen* 09/08/10

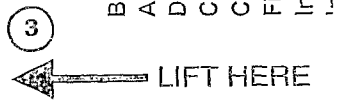
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2202  
 Article #: 71106605959000131190  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-8 01/07



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For more information visit our website at www.usps.com

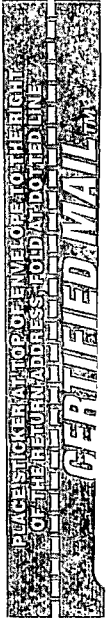
7110 6605 9590 0013 1206

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

**THE WRIGHT BROS TRUST  
 C/O STANLEY M WRIGHT  
 2157 HWY 130  
 BENNETT, IA 52721-9801**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1206

**THE WRIGHT BROS TRUST  
 C/O STANLEY M WRIGHT  
 2157 HWY 130  
 BENNETT, IA 52721-9801**

Batch #: 2202  
 Article #: 71106605959000131206  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD- rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1206

1. Article Addressed to:

**THE WRIGHT BROS TRUST  
 C/O STANLEY M WRIGHT  
 2157 HWY 130  
 BENNETT, IA 52721-9801**

**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

Code: Allocation Project - D.Howell

**2. Article Number**

7110 6605 9590 0013 1206

1. Article Addressed to:

**THE WRIGHT BROS TRUST  
 C/O STANLEY M WRIGHT  
 2157 HWY 130  
 BENNETT, IA 52721-9801**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Stanley M Wright**

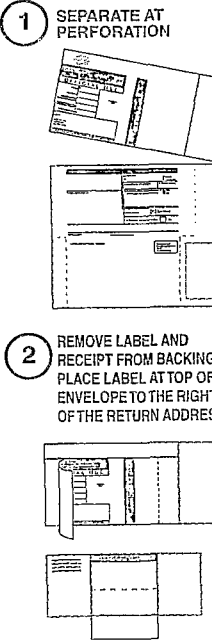
B. Received by (Printed Name) C. Date of Delivery  
**STANLEY M WRIGHT 9-4-10**

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

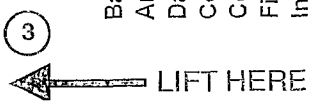
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell



Batch #: 2202  
 Article #: 71106605959000131206  
 Date/Time: 8/31/2010 1:28:44 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)  
Get more information on our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 1213

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

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

**THELMA DEMOTT  
 501 E PHELPS APT B4  
 HOPKINS, MO 64461**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1213

**THELMA DEMOTT  
 501 E PHELPS APT B4  
 HOPKINS, MO 64461**

Batch #: 2202  
 Article #: 71106605959000131213  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2009. See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1213

1. Article Addressed to:

**THELMA DEMOTT  
 501 E PHELPS APT B4  
 HOPKINS, MO 64461**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

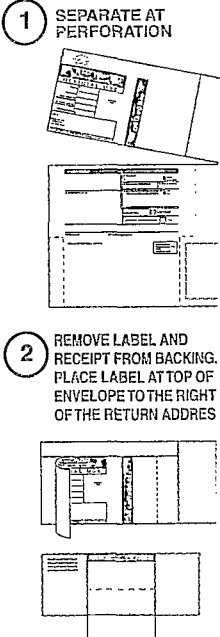
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes



Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1213

1. Article Addressed to:

**THELMA DEMOTT  
 501 E PHELPS APT B4  
 HOPKINS, MO 64461**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

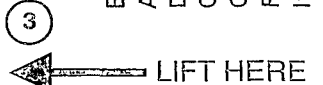
B. Received by (Printed Name) C. Date of Delivery  
**Thelma Demott** **9/17/10**

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 #: 2202  
 Article #: 71106605959000131213  
 Date/Time: 8/31/2010 1:28:44 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)

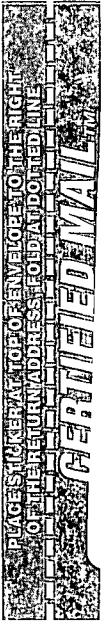
7110 6605 9590 0013 1220

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

**THELMA GRAHAM FAMILY LIMITED PARTNE**  
**7111 E 82 STREET**  
**TULSA, OK 74133**

Code: Allocation Project - D.Howell



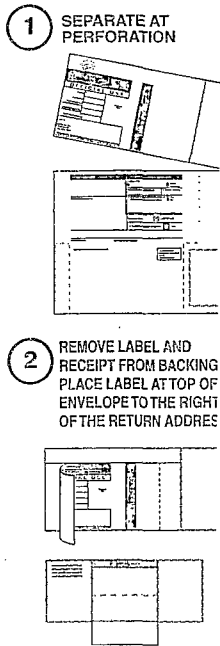
7110 6605 9590 0013 1220

**THELMA GRAHAM FAMILY LIMITED PARTNE**  
**7111 E 82 STREET**  
**TULSA, OK 74133**

Batch #: 2202  
 Article #: 71106605959000131220  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1220	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1220	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>William O. Graham</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
THELMA GRAHAM FAMILY LIMITED PARTNE 7111 E 82 STREET TULSA, OK 74133	SEP 07 2010	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202  
 Article #: 71106605959000131220  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-01/07



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

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

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

**THEODORE J BLECHAR TRUST  
6669 BARNABY ST NW  
WASHINGTON, DC 20015**

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1237

**THEODORE J BLECHAR TRUST  
6669 BARNABY ST NW  
WASHINGTON, DC 20015**

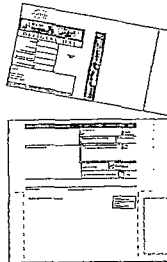
Batch #: 2202  
 Article #: 71106605959000131237  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

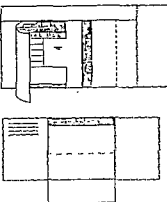
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1237	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THEODORE J BLECHAR TRUST 6669 BARNABY ST NW WASHINGTON, DC 20015	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

1 SEPARATE AT PERFORATION



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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1237	A. Signature <b>X</b>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THEODORE J BLECHAR TRUST 6669 BARNABY ST NW WASHINGTON, DC 20015	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202  
 Article #: 71106605959000131237  
 Date/Time: 8/31/2010 1:28:44 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 more information visit our website at [www.usps.com](http://www.usps.com)

Postage	7110 6605 9590 0013 3170	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	

ent To **\$5.54**  
 THOMAS AHO TR  
 1391 SMT CHASE DR  
 SNELLVILLE, GA 30078-3520

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 3170  
 THOMAS AHO TR  
 1391 SMT CHASE DR  
 SNELLVILLE, GA 30078-3520

Batch #: 2269  
 Article #: 71106605959000133170  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**  
 7110 6605 9590 0013 3170

1. Article Addressed to:  
 THOMAS AHO TR  
 1391 SMT CHASE DR  
 SNELLVILLE, GA 30078-3520

**COMPLETE THIS SECTION ON DELIVERY**

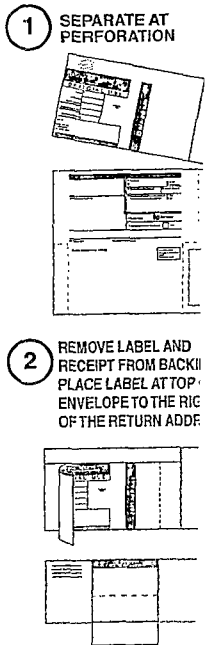
A. Signature  Agent  
 Addressee

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 0013 3170

1. Article Addressed to:  
 THOMAS AHO TR  
 1391 SMT CHASE DR  
 SNELLVILLE, GA 30078-3520

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Barbara Aho*

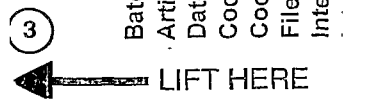
B. Received by (Printed Name) C. Date of Delivery  
*Barbara Aho* 9/20/10

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

Batch #: 2269  
 Article #: 71106605959000133170  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:



Reorder Form LCD-8 Rev. 01/07



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

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

Code: Allocation Project - D.Howell

THOMAS B. CATRON, III AND JUNE  
 U/A DECEMBER 1, 1996  
 PO BOX 788  
 SANTA FE, NM 87504-0788

Postmark Here

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, BEHIND A DOTTED LINE  
**CERTIFIED MAIL**

7110 6605 9590 0013 1244

THOMAS B. CATRON, III AND JUNE  
 U/A DECEMBER 1, 1996  
 PO BOX 788  
 SANTA FE, NM 87504-0788

Batch #: 2202  
 Article #: 71106605959000131244  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1244

1. Article Addressed to:

THOMAS B. CATRON, III AND JUNE  
 U/A DECEMBER 1, 1996  
 PO BOX 788  
 SANTA FE, NM 87504-0788

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

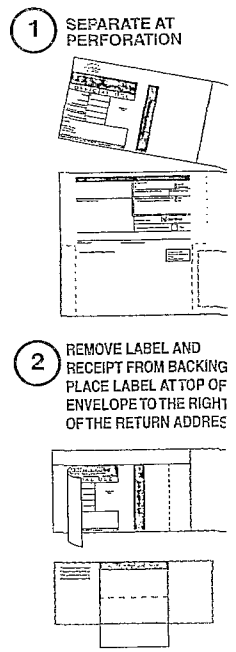
A. Signature  Agent  
 Addressee

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 0013 1244

1. Article Addressed to:

THOMAS B. CATRON, III AND JUNE  
 U/A DECEMBER 1, 1996  
 PO BOX 788  
 SANTA FE, NM 87504-0788

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

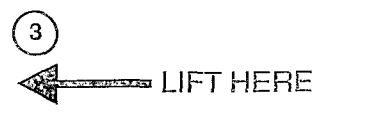
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131244  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Recorder Form LCD-8 Rev. 01/07

San Juan Business Unit  
PO Box 4289  
Farmington NM 87499-4289



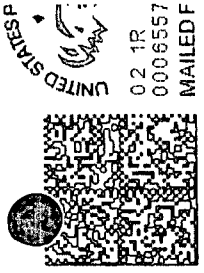
7110 6605 9590 0013 1251

REGISTERED  
SEP 13 AM  
KB

*Handwritten:* JH 9/17

THOMAS D CIRANGOLA &  
PO BOX 5720  
SPRING HILL, FL 34609

- Insufficient postage
- Return to sender
- No postage paid
- No return address
- No such street
- No such number
- Date \_\_\_\_\_
- City/Initials \_\_\_\_\_



02 1R  
0006557  
MAILED F



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

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

Postmark Here

Code: Allocation Project - D.Howell

Recipient To: **THOMAS D CITRANGOLA & PO BOX 5720 SPRING HILL, FL 34609**

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 1251

THOMAS D CITRANGOLA &  
 PO BOX 5720  
 SPRING HILL, FL 34609

Batch #: 2202  
 Article #: 71106605959000131251  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 1251

1. Article Addressed to:

**THOMAS D CITRANGOLA & PO BOX 5720 SPRING HILL, FL 34609**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

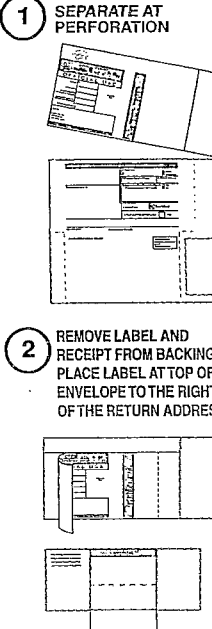
A. Signature  Agent  Addressee  
**X**

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



PS Form 3811

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 #: 2202  
 Article #: 71106605959000131251  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 ← LIFT HERE

Reorder Form LCD-8 v. 01/07



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

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

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

**THOMAS E DUNNAM III**  
**14618 REIGH COUNT**  
**SAN ANTONIO, TX 78248-1139**

Form 3800, August 2006, See Reverse for Instructions

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

7110 6605 9590 0013 1268

**THOMAS E DUNNAM III**  
**14618 REIGH COUNT**  
**SAN ANTONIO, TX 78248-1139**

Batch #: 2202  
 Article #: 71106605959000131268  
 Date/Time: 8/31/2010 1:28:44 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 0013 1268

1. Article Addressed to:

**THOMAS E DUNNAM III**  
**14618 REIGH COUNT**  
**SAN ANTONIO, TX 78248-1139**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION

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

**2. Article Number**

7110 6605 9590 0013 1268

1. Article Addressed to:

**THOMAS E DUNNAM III**  
**14618 REIGH COUNT**  
**SAN ANTONIO, TX 78248-1139**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

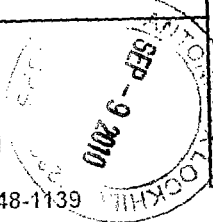
C. Date of Delivery

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

**THOMAS E DUNNAM III**  
**14618 REIGH COUNT**  
**SAN ANTONIO TX 78248**

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Batch #: 2202  
 Article #: 71106605959000131268  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:

3







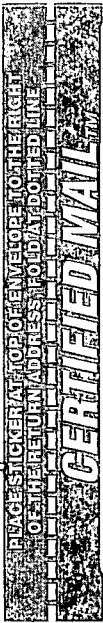
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Certified Mail Only, No Insurance Coverage Provided)  
 For more information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0013 1275

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

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

THOMAS F MCKENNA SR CREDIT SHELTER  
 1200 EUBANK AVE  
 ALBUQUERQUE, NM 87112

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1275

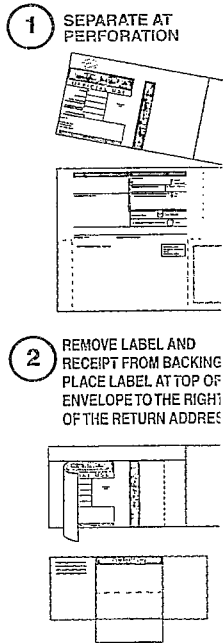
THOMAS F MCKENNA SR CREDIT SHELTER  
 1200 EUBANK AVE  
 ALBUQUERQUE, NM 87112

Batch #: 2202  
 Article #: 71106605959000131275  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811 August 2006 See reverse for instructions

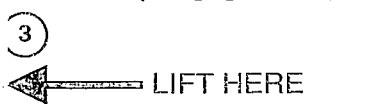
Reorder Form LCD rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1275	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THOMAS F MCKENNA SR CREDIT SHELTER 1200 EUBANK AVE ALBUQUERQUE, NM 87112		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1275	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
THOMAS F MCKENNA SR CREDIT SHELTER 1200 EUBANK AVE ALBUQUERQUE, NM 87112	C. Wakley	9/3/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202  
 Article #: 71106605959000131275  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
Mail Only. No Insurance Coverage Provided.  
For more information visit our website at www.usps.com  
 7110 6605 9590 0013 1282

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

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

**THOMAS KEVIN PRESTON**  
**6802 RAYNOR WAY**  
**SUGAR LAND, TX 77479**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1282

**THOMAS KEVIN PRESTON**  
**6802 RAYNOR WAY**  
**SUGAR LAND, TX 77479**

Batch #: 2202  
 Article #: 71106605959000131282  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 01/07

**2. Article Number**

7110 6605 9590 0013 1282

1. Article Addressed to:

**THOMAS KEVIN PRESTON**  
**6802 RAYNOR WAY**  
**SUGAR LAND, TX 77479**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

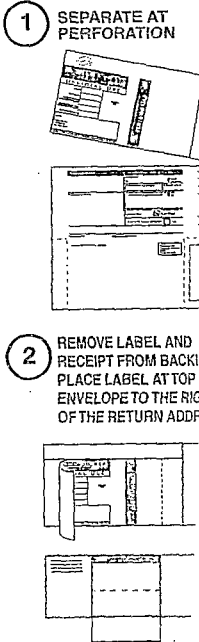
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1282

1. Article Addressed to:

**THOMAS KEVIN PRESTON**  
**6802 RAYNOR WAY**  
**SUGAR LAND, TX 77479**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

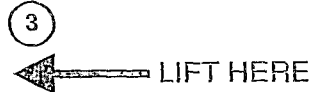
B. Received by (Printed Name) C. Date of Delivery  
**Leslie Preston** **9/16/10**

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 #: 2202  
 Article #: 71106605959000131282  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:





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 7110 6605 9590 0013 1299

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

sent To  
 Street, Apt. No., PO Box No., City, State, Zip+4  
**THOMAS P TINNIN**  
**PO BOX 1885**  
**ALBUQUERQUE, NM 87103**

PS Form 3811, August 2008, See Reverse for Instructions

Code: Allocation Project - D.Howell

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

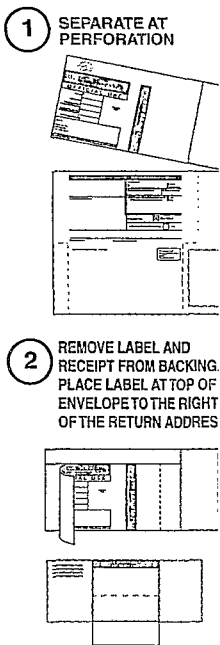
7110 6605 9590 0013 1299

**THOMAS P TINNIN**  
**PO BOX 1885**  
**ALBUQUERQUE, NM 87103**

Batch #: 2202  
 Article #: 71106605959000131299  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD- rev. 01/07

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1299		A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
THOMAS P TINNIN PO BOX 1885 ALBUQUERQUE, NM 87103		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2202  
 Article #: 71106605959000131299  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIFT HERE



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

7110 6605 9590 0013 1305

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

**THOMAS POLLOCK**  
**3931 WHITEFISH BAY ROAD.**  
**STURGEON BAY, WI 54235-9575**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1305

**THOMAS POLLOCK**  
**3931 WHITEFISH BAY ROAD**  
**STURGEON BAY, WI 54235-9575**

Batch #: 2202  
 Article #: 71106605959000131305  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1305

1. Article Addressed to:

**THOMAS POLLOCK**  
**3931 WHITEFISH BAY ROAD**  
**STURGEON BAY, WI 54235-9575**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

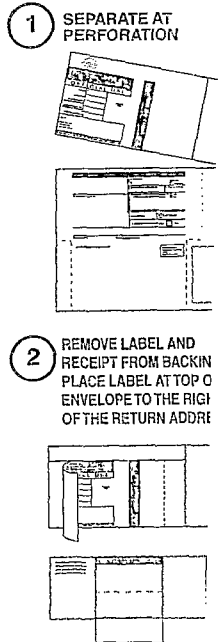
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1305

1. Article Addressed to:

**THOMAS POLLOCK**  
**3931 WHITEFISH BAY ROAD**  
**STURGEON BAY, WI 54235-9575**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

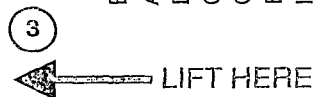
B. Received by (Printed Name) C. Date of Delivery  
 9-7-10

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131305  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-01/07

San Juan Business Unit  
PO Box 4289  
Farmington NM 87499-4289

# ConocoPhillips

7110 6605 9590 0013 1312

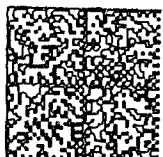
CB

THOMAS R DUFFIN  
4508 ADAMS



**REASON CHECKED**

- Moved, Left No Address/Unable To Forward
- Attempted - Not Known
- Unclaimed  Refused
- No Such Street  No Such Number
- Insufficient Address



02 1R  
0006557  
MAILED F



2nd 9-15  
RT



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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7110 6605 9590 0013 1329

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

**THOMAS W ISHAM**  
**3101 W CHESTNUT AVE**  
**YAKIMA, WA 98902**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1329

**THOMAS W ISHAM**  
**3101 W CHESTNUT AVE**  
**YAKIMA, WA 98902**

Batch #: 2202  
 Article #: 71106605959000131329  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LOD rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1329

1. Article Addressed to:

**THOMAS W ISHAM**  
**3101 W CHESTNUT AVE**  
**YAKIMA, WA 98902**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

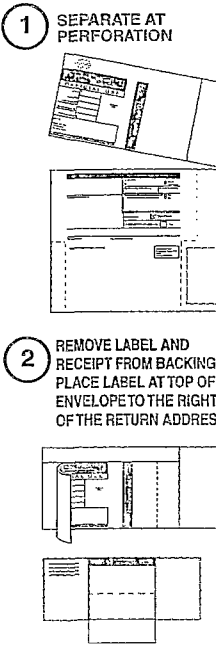
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1329

1. Article Addressed to:

**THOMAS W ISHAM**  
**3101 W CHESTNUT AVE**  
**YAKIMA, WA 98902**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

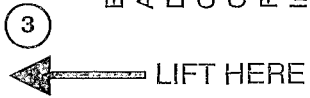
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131329  
 Date/Time: 8/31/2010 1:28:44 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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For more information visit our website at www.usps.com

7110 6605 9590 0013 1336

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  
THOMAS W MANDRY  
5843 49TH ST  
LUBBOCK, TX 79424

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1336

THOMAS W MANDRY  
5843 49TH ST  
LUBBOCK, TX 79424

Batch #: 2202  
Article #: 71106605959000131336  
Date/Time: 8/31/2010 1:28:45 PM  
Code: Allocation Project - D.Howell  
Code2:  
File #:  
Internal File #:  
Internal Code #:

Reorder Form LCD- rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1336

1. Article Addressed to:

THOMAS W MANDRY  
5843 49TH ST  
LUBBOCK, TX 79424

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

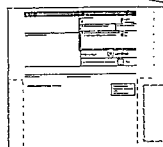
B. Received by (Printed Name) C. Date of Delivery

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

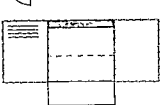
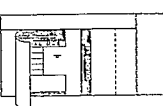
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0013 1336

1. Article Addressed to:

THOMAS W MANDRY  
5843 49TH ST  
LUBBOCK, TX 79424

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Robert Bellod*  Addressee

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

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 #: 2202  
Article #: 71106605959000131336  
Date/Time: 8/31/2010 1:28:45 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)  
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 7110 6605 9590 0013 1343

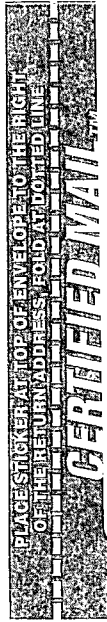
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

**THOMPSON FAMILY LLC**  
**1370 TESUQUE CREEK RD**  
**SANTA FE, NM 87501**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



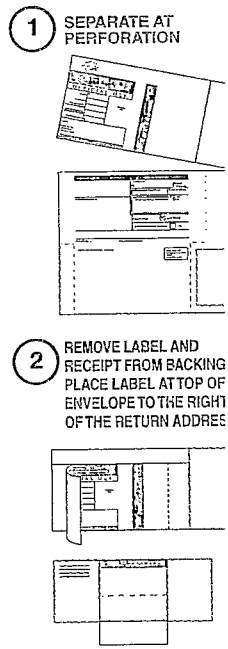
7110 6605 9590 0013 1343

**THOMPSON FAMILY LLC**  
**1370 TESUQUE CREEK RD**  
**SANTA FE, NM 87501**

Batch #: 2202  
 Article #: 71106605959000131343  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

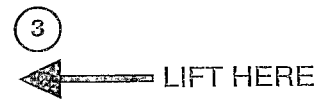
Reorder Form LCD rev. 01/07

<b>2. Article Number</b>  7110 6605 9590 0013 1343	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <b>THOMPSON FAMILY LLC</b> <b>1370 TESUQUE CREEK RD</b> <b>SANTA FE, NM 87501</b>	B. Received by (Printed Name)  C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



<b>2. Article Number</b>  7110 6605 9590 0013 1343	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
	A. Signature <b>X</b> <i>Shen Thompson</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  <b>THOMPSON FAMILY LLC</b> <b>1370 TESUQUE CREEK RD</b> <b>SANTA FE, NM 87501</b>	B. Received by (Printed Name) <i>SHARON THOMPSON</i>	C. Date of Delivery <i>8/31/10</i>
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202  
 Article #: 71106605959000131343  
 Date/Time: 8/31/2010 1:28:45 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  
 TIERRA POBRE LLC  
 PO BOX 1847  
 CORRALES, NM 87048

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

Form 3800 August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1350

TIERRA POBRE LLC  
 PO BOX 1847  
 CORRALES, NM 87048

Batch #: 2202  
 Article #: 71106605959000131350  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD- rev. 01/07

**2 Article Number**

7110 6605 9590 0013 1350

1. Article Addressed to:

TIERRA POBRE LLC  
 PO BOX 1847  
 CORRALES, NM 87048

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

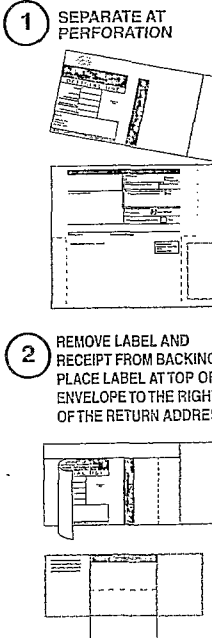
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2 Article Number**

7110 6605 9590 0013 1350

1. Article Addressed to:

TIERRA POBRE LLC  
 PO BOX 1847  
 CORRALES, NM 87048

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131350  
 Date/Time: 8/31/2010 1:28:45 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: www.usps.com  
 7110 6605 9590 0013 1367

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 **TIM B. ALLISON**  
**1401 CHACO**  
**GRANTS, NM 87020**

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1367

TIM B. ALLISON  
 1401 CHACO  
 GRANTS, NM 87020

Batch #: 2202  
 Article #: 71106605959000131367  
 Date/Time: 8/31/2010 1:28:45 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 0013 1367

1. Article Addressed to:

**TIM B. ALLISON**  
**1401 CHACO**  
**GRANTS, NM 87020**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

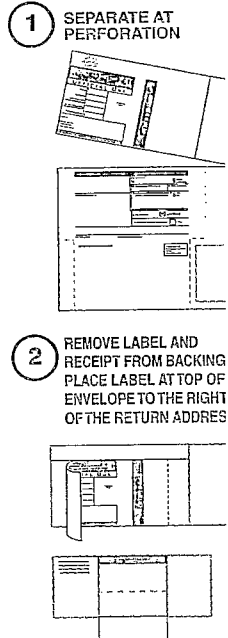
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2 Article Number**

7110 6605 9590 0013 1367

1. Article Addressed to:

**TIM B. ALLISON**  
**1401 CHACO**  
**GRANTS, NM 87020**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131367  
 Date/Time: 8/31/2010 1:28:45 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)  
 Verify information on our website at www.usps.com  
 7110 6605 9590 0013 1374

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 **TIMOTHY COBURN**  
**2060 CAMINO A LOS CERROS**  
**MENLO PARK, CA 94025**

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

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1374

**TIMOTHY COBURN**  
**2060 CAMINO A LOS CERROS**  
**MENLO PARK, CA 94025**

Batch #: 2202  
 Article #: 71106605959000131374  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1374

1. Article Addressed to:

**TIMOTHY COBURN**  
**2060 CAMINO A LOS CERROS**  
**MENLO PARK, CA 94025**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

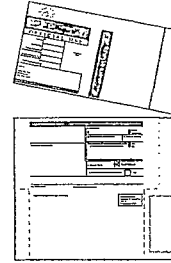
B. Received by (Printed Name) C. Date of Delivery

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

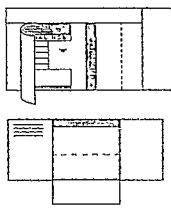
3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-001 Rev. 01/07

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

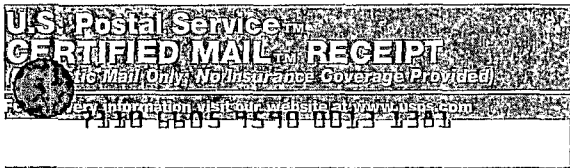


First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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

Batch #: 2202  
 Article #: 71106605959000131374  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3 **LIFT HERE**



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  
 Timothy Winston Ward  
 3856 Kelly Blvd  
 Carrollton, TX 75007

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1381

TIMOTHY WINSTON WARD  
 3856 KELLY BLVD  
 CARROLLTON, TX 75007

Batch #: 2202  
 Article #: 71106605959000131381  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2005 See Reverse for Instructions

2: Article Number  
 7110 6605 9590 0013 1381

1. Article Addressed to:  
 TIMOTHY WINSTON WARD  
 3856 KELLY BLVD  
 CARROLLTON, TX 75007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

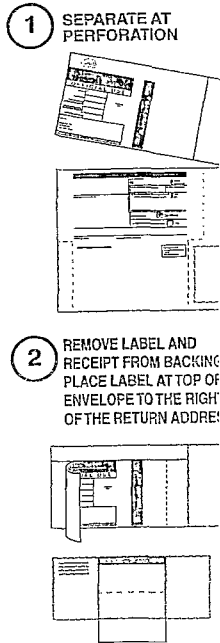
A. Signature  
 X  Agent  
 Addressee

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 0013 1381

1. Article Addressed to:  
 TIMOTHY WINSTON WARD  
 3856 KELLY BLVD  
 CARROLLTON, TX 75007

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 X  Agent  
 Addressee

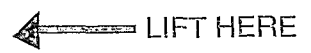
B. Received by (Printed Name) C. Date of Delivery

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 #: 2202  
 Article #: 71106605959000131381  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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 7110 6605 9590 0013 1398

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: **TINA GILES**  
 16794 US HWY 550  
 AZTEC, NM 87410

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1398

TINA GILES  
 16794 US HWY 550  
 AZTEC, NM 87410

Batch #: 2202  
 Article #: 71106605959000131398  
 Date/Time: 8/31/2010 1:28:45 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 0013 1398

1. Article Addressed to:

TINA GILES  
 16794 US HWY 550  
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

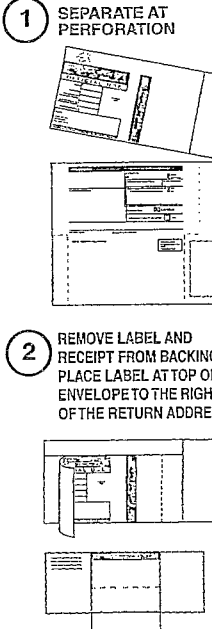
**X**

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 0013 1398

1. Article Addressed to:

TINA GILES  
 16794 US HWY 550  
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

**X** Tina Giles 87410

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

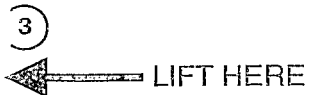
Tina Giles

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 #: 2202  
 Article #: 71106605959000131398  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0013 3712

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

ent To  
 Tina Gomez  
 PO BOX 5796  
 PAGOSA SPRINGS, CO 81147

Form 3800, August 2006, See Reverse for Instructions

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

7110 6605 9590 0013 3712

TINA GOMEZ  
 PO BOX 5796

PAGOSA SPRINGS, CO 81147

Batch #: 2272  
 Article #: 71106605959000133712  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 01/07

**2. Article Number**

7110 6605 9590 0013 3712

1. Article Addressed to:

TINA GOMEZ  
 PO BOX 5796  
 PAGOSA SPRINGS, CO 81147

**COMPLETE THIS SECTION ON DELIVERY**

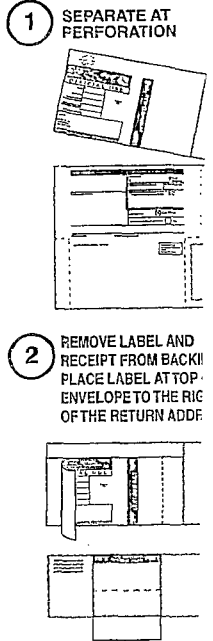
A. Signature  Agent  Addressee  
**X**

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 0013 3712

1. Article Addressed to:

TINA GOMEZ  
 PO BOX 5796  
 PAGOSA SPRINGS, CO 81147

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *MAT Pomeroy*

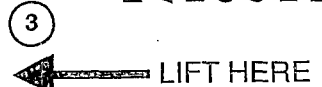
B. Received by (Printed Name) C. Date of Delivery  
*MAT Pomeroy* 9/27/10

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 #: 2272  
 Article #: 71106605959000133712  
 Date/Time: 9/14/2010 3:26:44 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:





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First-Class Mail Only, No Insurance Coverage Provided  
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Postage	7110 6605 9590 0013 3187	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$5.54	

Send To  
**TINA HERBERT**  
**331 MISTY ISLE LN UT C**  
 Street, Apt. No.;  
 or PO Box No.  
 City, State, Zip+4  
**LAS VEGAS, NV 89107**

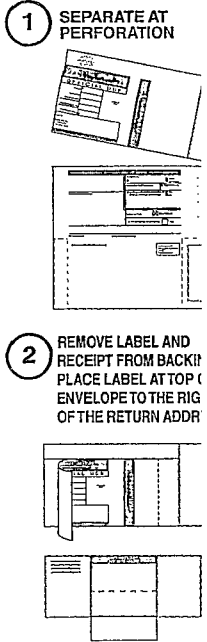
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL™**

7110 6605 9590 0013 3187  
**TINA HERBERT**  
**331 MISTY ISLE LN UT C**  
**LAS VEGAS, NV 89107**

Form 3800, August 2006 See Reverse for Instructions

Batch #: 2269  
 Article #: 71106605959000133187  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 3187	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>TINA HERBERT</b> <b>331 MISTY ISLE LN UT C</b> <b>LAS VEGAS, NV 89107</b>	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2269  
 Article #: 71106605959000133187  
 Date/Time: 9/14/2010 2:59:27 PM  
 Code:  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIFT HERE

Reorder Form LCD- ev. 01/07



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 For more information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0013 1404

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

TINMIL A NM LLC  
 C/O TINNIN LAW FIRM  
 500 MARQUETTE NW STE 1300  
 ALBUQUERQUE, NM 87102

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1404

TINMIL A NM LLC  
 C/O TINNIN LAW FIRM  
 500 MARQUETTE NW STE 1300  
 ALBUQUERQUE, NM 87102

Batch #: 2202  
 Article #: 71106605959000131404  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

2. Article Number  
 7110 6605 9590 0013 1404

1. Article Addressed to:

TINMIL A NM LLC  
 C/O TINNIN LAW FIRM  
 500 MARQUETTE NW STE 1300  
 ALBUQUERQUE, NM 87102

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

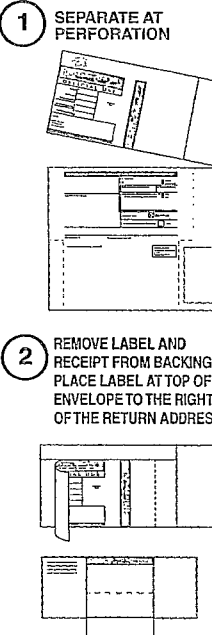
A. Signature  Agent  Addressee  
**X**

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



Reorder Form LCD-8 Rev. 01/07

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 #: 2202  
 Article #: 71106605959000131404  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







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**CERTIFIED MAIL RECEIPT**  
(Certified Mail Only, No Insurance Coverage Provided)  
 For information visit our website at www.usps.com  
 7110 6605 9590 0013 1411

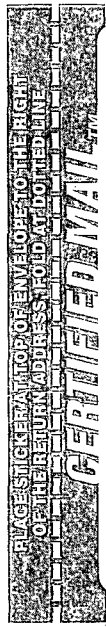
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$6.15</b>	

sent To **TOM D PATTERSON TRUSTEE OF**  
**6908 PRESTONSHIRE LANE**  
**DALLAS, TX 75225**

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 0013 1411

TOM D PATTERSON TRUSTEE OF THE  
 6908 PRESTONSHIRE LANE  
 DALLAS, TX 75225

Batch #: 2202  
 Article #: 71106605959000131411  
 Date/Time: 8/31/2010 1:28:45 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 0013 1411

1. Article Addressed to:

**TOM D PATTERSON TRUSTEE OF THE**  
**6908 PRESTONSHIRE LANE**  
**DALLAS, TX 75225**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

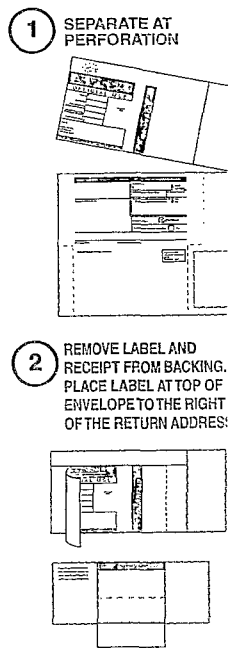
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0013 1411

1. Article Addressed to:

**TOM D PATTERSON TRUSTEE OF THE**  
**6908 PRESTONSHIRE LANE**  
**DALLAS, TX 75225**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
**TOM PATTERSON** **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 #: 2202  
 Article #: 71106605959000131411  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



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 7110 6605 9590 0013 1428

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 **TOM K MARTELLA**  
 16754 W 75TH PL  
 ARVADA, CO 80007

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1428

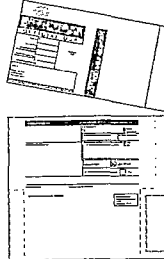
TOM K MARTELLA  
 16754 W 75TH PL  
 ARVADA, CO 80007

Batch #: 2202  
 Article #: 71106605959000131428  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

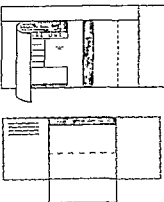
Reorder Form LCD-01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1428	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TOM K MARTELLA 16754 W 75TH PL ARVADA, CO 80007	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

1 SEPARATE AT PERFORATION



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



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1428	A. Signature <input type="checkbox"/> Agent <b>X</b> <i>Tom Martella</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TOM K MARTELLA 16754 W 75TH PL ARVADA, CO 80007	<i>Tom Martella</i>	9-4-2010
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2202  
 Article #: 71106605959000131428  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

LIFT HERE



U.S. Postal Service  
**REGISTERED MAIL RECEIPT**  
(Mail Only; No Insurance Coverage Provided)  
 Delivery information visit us at www.usps.com  
 7110 6605 9590 0013 1435

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 **TOMMY BOLACK**  
**3901 BLOOMFIELD HWY**  
**FARMINGTON, NM 87401**  
 Street, Apt. No.; PO Box No. City, State, Zip+4

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, TO BE AT DOTTED LINE  
**REGISTERED MAIL**

7110 6605 9590 0013 1435

**TOMMY BOLACK**  
**3901 BLOOMFIELD HWY**  
**FARMINGTON, NM 87401**

Batch #: 2202  
 Article #: 71106605959000131435  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

**2 Article Number**

7110 6605 9590 0013 1435

1. Article Addressed to:

**TOMMY BOLACK**  
**3901 BLOOMFIELD HWY**  
**FARMINGTON, NM 87401**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

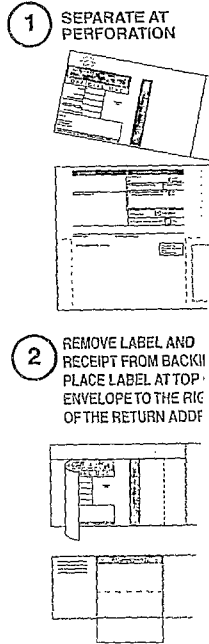
A. Signature  Agent  Addressee  
**X**

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



Reorder Form LCD-8111 1/07

**2 Article Number**

7110 6605 9590 0013 1435

1. Article Addressed to:

**TOMMY BOLACK**  
**3901 BLOOMFIELD HWY**  
**FARMINGTON, NM 87401**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**x Becky Morris**

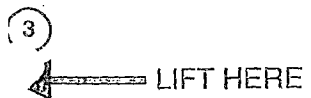
B. Received by (Printed Name) C. Date of Delivery  
**Becky Morris**

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 #: 2202  
 Article #: 71106605959000131435  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:





**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(No Mail Only No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
 7110 6605 9590 0013 1442

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

**TONI THOMAS**  
**401 W JEFFERSON**  
**SHERIDAN, MO 64486**

Code: Allocation Project - D.Howell



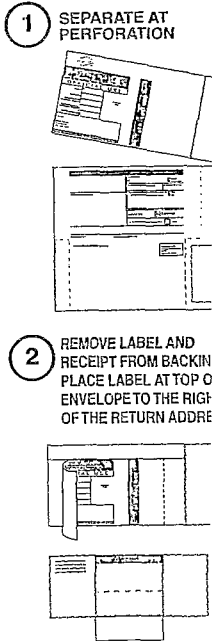
7110 6605 9590 0013 1442

TONI THOMAS  
 401 W JEFFERSON  
 SHERIDAN, MO 64486

Batch #: 2202  
 Article #: 71106605959000131442  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

PS Form 3800, August 2006 See Reverse for Instructions

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1442	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>TONI THOMAS          401 W JEFFERSON          SHERIDAN, MO 64486</p>	
Code: Allocation Project - D.Howell	<p>3. Service Type <input checked="" type="checkbox"/> Certified</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1442	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>TONI THOMAS          401 W JEFFERSON          SHERIDAN, MO 64486</p>	
Code: Allocation Project - D.Howell	<p>3. Service Type <input checked="" type="checkbox"/> Certified</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Batch #: 2202  
 Article #: 71106605959000131442  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:



Reorder Form LCD-81 01/07



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

7110 6605 9590 0013 1459

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 **TRIGG OIL & GAS LIMITED PARTNERSHIP**  
 PO BOX 520  
 ROSWELL, NM 88201

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

Form 3811, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1459

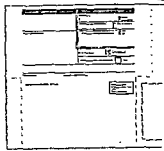
TRIGG OIL & GAS LIMITED PARTNERSHIP  
 PO BOX 520  
 ROSWELL, NM 88201

Batch #: 2202  
 Article #: 71106605959000131459  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

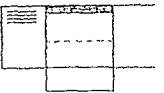
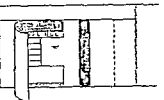
Reorder Form LCD-81 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1459	A. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

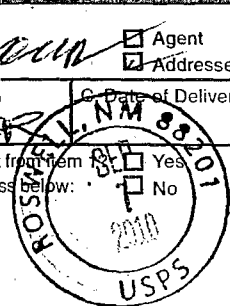
1 SEPARATE AT PERFORATION



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

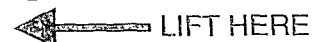


<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0013 1459	A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>WAGIONERY</i>	C. Date of Delivery
TRIGG OIL & GAS LIMITED PARTNERSHIP PO BOX 520 ROSWELL, NM 88201	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



Batch #: 2202  
 Article #: 71106605959000131459  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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7110 6605 9590 0013 1466

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 **TRIGG OIL LLC**  
 4 MAIZE TR  
 PLACITAS, NM 87043

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1466

TRIGG OIL LLC  
 4 MAIZE TR  
 PLACITAS, NM 87043

Batch #: 2202  
 Article #: 71106605959000131466  
 Date/Time: 8/31/2010 1:28:45 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

**2. Article Number**

7110 6605 9590 0013 1466

1. Article Addressed to:  
  
**TRIGG OIL LLC**  
 4 MAIZE TR  
 PLACITAS, NM 87043

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  **Certified**

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

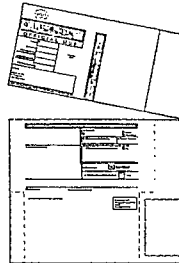


First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

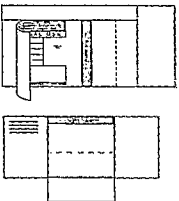
Lisa Hunter, Land Department  
 SJBUConocoPhillips  
 P.O. Box 4289  
 Farmington, NM 87499

Batch #: 2202  
 Article #: 71106605959000131466  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

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

Reorder Form LCD-8 Rev. 01/07



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*(The Mail Only, No Insurance Coverage Provided)*  
 For more information, visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 1473

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

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

**TRISTAR GAS MARKETING COMPANY**  
**8150 N CENTRAL EXPRESSWAY**  
**DALLAS, TX 75206**

Form 3811, August 2009, PSN See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1473

TRISTAR GAS MARKETING COMPANY  
 8150 N CENTRAL EXPRESSWAY  
 DALLAS, TX 75206

Batch #: 2202  
 Article #: 71106605959000131473  
 Date/Time: 8/31/2010 1:28:46 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 0013 1473

1. Article Addressed to:

**TRISTAR GAS MARKETING COMPANY**  
**8150 N CENTRAL EXPRESSWAY**  
**DALLAS, TX 75206**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

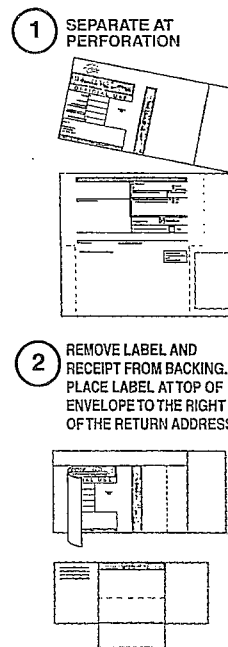
A. Signature  Agent  Addressee  
**X**

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



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2202  
 Article #: 71106605959000131473  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3  
 LIFT HERE



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7110 6605 9590 0013 1480

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  
 Trout Limited Partnership  
 7500 S HWY 83  
 SCOTT CITY, KS 67871

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1480

TROUT LIMITED PARTNERSHIP  
 7500 S HWY 83  
 SCOTT CITY, KS 67871

Batch #: 2202  
 Article #: 71106605959000131480  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8 01/07

**2. Article Number**

7110 6605 9590 0013 1480

1. Article Addressed to:

TROUT LIMITED PARTNERSHIP  
 7500 S HWY 83  
 SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

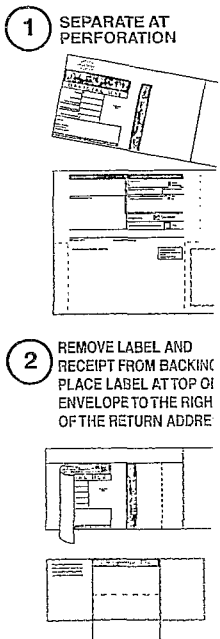
A. Signature  Agent  Addressee  
**X**

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 0013 1480

1. Article Addressed to:

TROUT LIMITED PARTNERSHIP  
 7500 S HWY 83  
 SCOTT CITY, KS 67871

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Melba Trout**

B. Received by (Printed Name) C. Date of Delivery  
**Melba Trout 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 #: 2202  
 Article #: 71106605959000131480  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:







U.S. Postal Service  
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Delivery Information: Visit our website at [www.usps.com](http://www.usps.com)  
7110 6605 9590 0013 1497

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  
 TRUST UW SUE C BERGERE  
 PO BOX 788  
 SANTA FE, NM 87501

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1497

TRUST UW SUE C BERGERE  
PO BOX 788  
SANTA FE, NM 87501

Batch #: 2202  
 Article #: 71106605959000131497  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-8111 01/07

**2. Article Number**  
7110 6605 9590 0013 1497

1. Article Addressed to:  
 TRUST UW SUE C BERGERE  
 PO BOX 788  
 SANTA FE, NM 87501

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

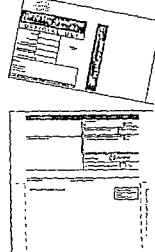
B. Received by (Printed Name) C. Date of Delivery

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

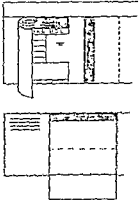
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

1 SEPARATE AT PERFORATION



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



**2. Article Number**  
7110 6605 9590 0013 1497

1. Article Addressed to:  
 TRUST UW SUE C BERGERE  
 PO BOX 788  
 SANTA FE, NM 87501

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

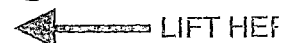
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131497  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:

3





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7110 6605 9590 0013 1503

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

**TRUST UWO VIRGINIE ISHAM FBO HENRY**  
**2510 S SAINT PAUL ST**  
**DENVER, CO 80210-6219**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1503

**TRUST UWO VIRGINIE ISHAM FBO HENRY**  
**2510 S SAINT PAUL ST**  
**DENVER, CO 80210-6219**

Batch #: 2202  
 Article #: 71106605959000131503  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3811, August 2009. See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1503

1. Article Addressed to:

**TRUST UWO VIRGINIE ISHAM FBO HENRY**  
**2510 S SAINT PAUL ST**  
**DENVER, CO 80210-6219**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

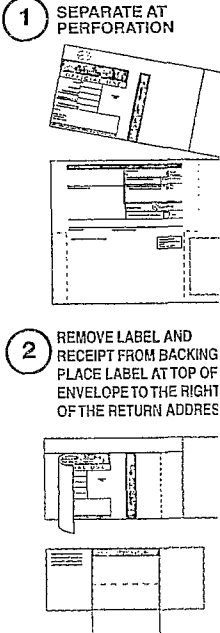
A. Signature  Agent  Addressee  
**X**

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



Reorder Form LCD-8 01/07

**2. Article Number**

7110 6605 9590 0013 1503

1. Article Addressed to:

**TRUST UWO VIRGINIE ISHAM FBO HENRY**  
**2510 S SAINT PAUL ST**  
**DENVER, CO 80210-6219**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X Pura Isham**

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 #: 2202  
 Article #: 71106605959000131503  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0013 1510

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

**TTB PROPERTIES LP**  
**1805 UTAH ST**  
**HOUSTON, TX 77007**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1510

**TTB PROPERTIES LP**  
**1805 UTAH ST**  
**HOUSTON, TX 77007**

Batch #: 2202  
 Article #: 71106605959000131510  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

**2. Article Number**

7110 6605 9590 0013 1510

1. Article Addressed to:

**TTB PROPERTIES LP**  
**1805 UTAH ST**  
**HOUSTON, TX 77007**

Code: Allocation Project - D.Howell

PS Form 3811

**COMPLETE THIS SECTION ON DELIVERY**

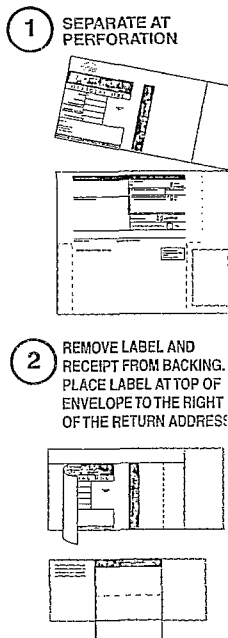
A. Signature  Agent  Addressee  
**X**

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 0013 1510

1. Article Addressed to:

**TTB PROPERTIES LP**  
**1805 UTAH ST**  
**HOUSTON, TX 77007**

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
**X** *Dale Perkins*

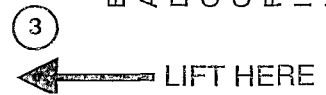
B. Received by (Printed Name) C. Date of Delivery  
*Dale Perkins* | *9/10/10*

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131510  
 Date/Time: 8/31/2010 1:28:46 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 delivery information, visit our website at [www.usps.com](http://www.usps.com)

7110 6605 9590 0013 1527

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

**TUW MARY E BROWN WILL**  
**1857 55TH AVE**  
**ALEDO, IL 61231-8610**

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1527

**TUW MARY E BROWN WILL**  
**1857 55TH AVE**  
**ALEDO, IL 61231-8610**

Batch #: 2202  
 Article #: 71106605959000131527  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Form 3800, August 2008. See Reverse for Instructions

**2. Article Number**

7110 6605 9590 0013 1527

1. Article Addressed to:

**TUW MARY E BROWN WILL**  
**1857 55TH AVE**  
**ALEDO, IL 61231-8610**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

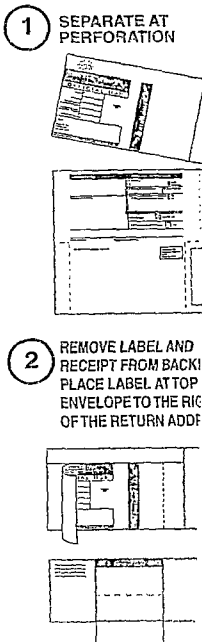
A. Signature  Agent  
 Addressee

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



Reorder Form LCD-81 01/07

**2. Article Number**

7110 6605 9590 0013 1527

1. Article Addressed to:

**TUW MARY E BROWN WILL**  
**1857 55TH AVE**  
**ALEDO, IL 61231-8610**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Batch #: 2202  
 Article #: 71106605959000131527  
 Date/Time: 8/31/2010 1:28:46 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

