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7110 6605 9590 0013 1725

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

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City, State, Zip+4

W. A. KERNAGHAN
5650 CHARLESTOWN DR.
DALLAS, TX 75230-1730

Code: Allocation Project - D.Howell

PS 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
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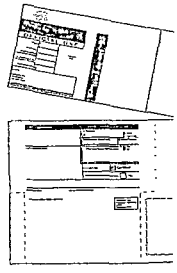
7110 6605 9590 0013 1725

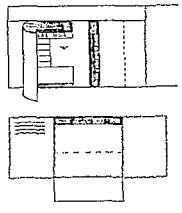
W. A. KERNAGHAN
5650 CHARLESTOWN DR.
DALLAS, TX 75230-1730

Batch #: 2202
Article #: 71106605959000131725
Date/Time: 8/31/2010 1:28:47 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



Reorder Form LCD-8 ... 01/07

2. Article Number

7110 6605 9590 0013 1725

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

1. Article Addressed to:

W. A. KERNAGHAN
5650 CHARLESTOWN DR.
DALLAS, TX 75230-1730

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1725

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

W. A. KERNAGHAN
5650 CHARLESTOWN DR.
DALLAS, TX 75230-1730

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131725
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

W D KENNEDY PROPERTIES LTD
500 WEST TEXAS, STE 655
MIDLAND, TX 79701

Code: Allocation Project - D.Howell

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

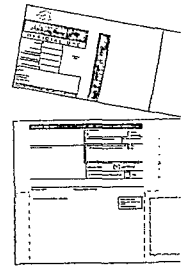
CERTIFIED MAIL

7110 6605 9590 0013 1695

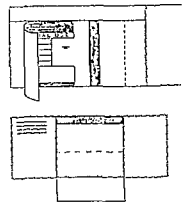
W D KENNEDY PROPERTIES LTD
500 WEST TEXAS, STE 655
MIDLAND, TX 79701

Batch #: 2202
Article #: 71106605959000131695
Date/Time: 8/31/2010 1:28:47 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1695

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

1. Article Addressed to:

W D KENNEDY PROPERTIES LTD
500 WEST TEXAS, STE 655
MIDLAND, TX 79701

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1695

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dawn Howell ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

W D KENNEDY PROPERTIES LTD
500 WEST TEXAS, STE 655
MIDLAND, TX 79701

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131695
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1701

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

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W G PEAVY OIL COMPANY
C/O CHARLES D DAVID JR
221 WOODCREST DR
RICHARDSON, TX 75080-2038

Code: Allocation Project - D.Howell

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

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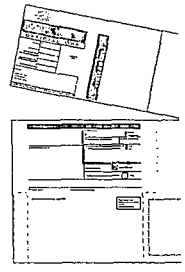
W G PEAVY OIL COMPANY
C/O CHARLES D DAVID JR
221 WOODCREST DR
RICHARDSON, TX 75080-2038

Batch #: 2202
Article #: 71106605959000131701
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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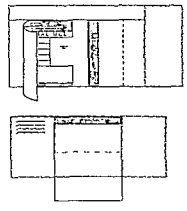

Reorder Form LCD-8[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0013 1701

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

1. Article Addressed to:

W G PEAVY OIL COMPANY
C/O CHARLES D DAVID JR
221 WOODCREST DR
RICHARDSON, TX 75080-2038

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0013 1701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Charles D. David | C. Date of Delivery 9-25-10

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

1. Article Addressed to:

W G PEAVY OIL COMPANY
C/O CHARLES D DAVID JR
221 WOODCREST DR
RICHARDSON, TX 75080-2038

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2202
Article #: 71106605959000131701
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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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
W L JENNINGS
Street, Apt. No.; or PO Box No.
PO BOX 117
City, State, Zip+4
ABILENE, TX 79604

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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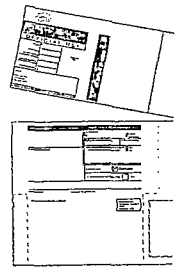
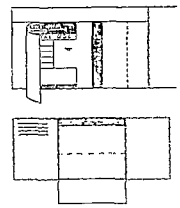
W L JENNINGS
PO BOX 117
ABILENE, TX 79604

Batch #: 2202
Article #: 71106605959000131718
Date/Time: 8/31/2010 1:28:47 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1718

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

1. Article Addressed to:

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

PS Form 3811

2. Article Number

7110 6605 9590 0013 1718

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matt Burleson ☐ Agent ☐ Addressee

B. Received by ~~(Printed Name)~~ Matt Burleson | C. Date of Delivery SEP 8 2010

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

1. Article Addressed to:

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

PS Form 3811 **Domestic Return Receipt**

Batch #: 2202
Article #: 71106605959000131718
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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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

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Sent To: W.W. LAFORCE, JR.
Street, Apt. No.; or PO Box No.: PO BOX 353
City, State, Zip+4: MIDLAND, TX 79702

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0013 1732

W.W. LAFORCE, JR.
PO BOX 353
MIDLAND, TX 79702

Batch #: 2202
Article #: 71106605959000131732
Date/Time: 8/31/2010 1:28:47 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 1732

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

1. Article Addressed to:

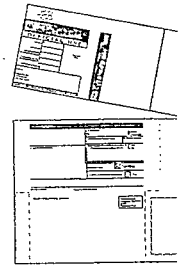
W.W. LAFORCE, JR.
PO BOX 353
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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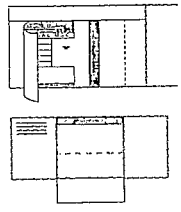

2. Article Number

7110 6605 9590 0013 1732

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) W W LA FORCE | C. Date of Delivery 09/07/2010

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

1. Article Addressed to:

W.W. LAFORCE, JR.
PO BOX 353
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131732
Date/Time: 8/31/2010 1:28:47 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

WALTER K HOWARD ESTATE
FIRST NATIONAL BANK OLNEY
PO BOX 100
OLNEY, IL 62450-0100

Code: Allocation Project - D.Howell

PS 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

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7110 6605 9590 0013 1749

WALTER K HOWARD ESTATE
FIRST NATIONAL BANK OLNEY
PO BOX 100
OLNEY, IL 62450-0100

Batch #: 2202
Article #: 71106605959000131749
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8[illegible] 01/07

2. Article Number

7110 6605 9590 0013 1749

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

WALTER K HOWARD ESTATE
FIRST NATIONAL BANK OLNEY
PO BOX 100
OLNEY, IL 62450-0100

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

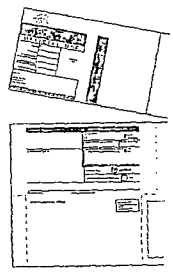
B. Received by (*Printed Name*) | C. Date of Delivery

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

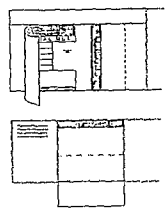
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



2. Article Number

7110 6605 9590 0013 1749

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

WALTER K HOWARD ESTATE
FIRST NATIONAL BANK OLNEY
PO BOX 100
OLNEY, IL 62450-0100

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) 7 H 4 13 2010 | 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 #: 71106605959000131749
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 1756

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

WALTER R & FLORENCE L GIBSON TRUST
2421 FREMONT BLVD
FLAGSTAFF, AZ 86001

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

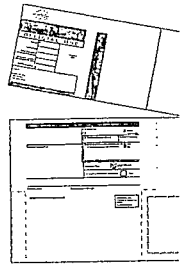
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1756

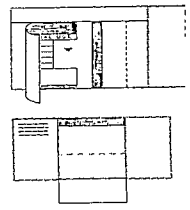
WALTER R & FLORENCE L GIBSON TRUST
2421 FREMONT BLVD
FLAGSTAFF, AZ 86001

Batch #: 2202
Article #: 71106605959000131756
Date/Time: 8/31/2010 1:28:48 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 ADDRES



Reorder Form LCD-81... 01/07

2. Article Number

7110 6605 9590 0013 1756

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

1. Article Addressed to:

WALTER R & FLORENCE L GIBSON TRUST
2421 FREMONT BLVD
FLAGSTAFF, AZ 86001

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1756

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michael R Gibson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 9/7

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

1. Article Addressed to:

WALTER R & FLORENCE L GIBSON TRUST
2421 FREMONT BLVD
FLAGSTAFF, AZ 86001

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131756
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 Domestic Return Receipt

3 LIFT HERE

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

7110 6605 9590 0013 3194

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

Postmark Here

$5.54

Sent To
WANDA H APODACA TR DTD 07/10/07
Street, Apt. No.; or PO Box No.
PO BOX 534
City, State, Zip+4
LAFAYETTE, CO 80026

PS Form 3800, August 2006 — See Reverse for Instructions

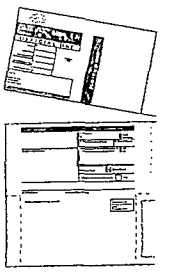
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3194

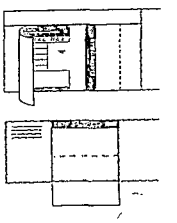
WANDA H APODACA TR DTD 07/10/07
PO BOX 534
LAFAYETTE, CO 80026

Batch #: 2269
Article #: 71106605959000133194
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3194

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

1. Article Addressed to:

WANDA H APODACA TR DTD 07/10/07
PO BOX 534

LAFAYETTE, CO 80026

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3194

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wanda Apodaca ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

WANDA H APODACA TR DTD 07/10/07
PO BOX 534

LAFAYETTE, CO 80026

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Batch #: 2269
Article #: 71106605959000133194
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 Domestic Return Receipt

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

7110 6605 9590 0013 1763

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

WASATCH ENERGY LLC
PO BOX 699
FARMINGTON, UT 84025

Code: Allocation Project - D.Howell

PS 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 1763

WASATCH ENERGY LLC
PO BOX 699
FARMINGTON, UT 84025

Batch #: 2202
Article #: 71106605959000131763
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81[illegible], 01/07

2. Article Number

7110 6605 9590 0013 1763

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

1. Article Addressed to:

WASATCH ENERGY LLC
PO BOX 699
FARMINGTON, UT 84025

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

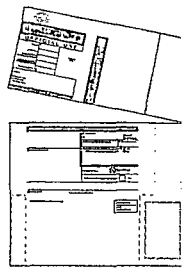
~~Code: Allocation Project - D.Howell~~

PS Form 3811 **Domestic Return Receipt**

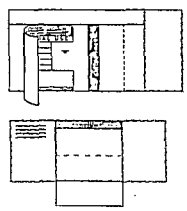
UNITED STATES POSTAL SERVICE

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

1 SEPARATE AT PERFORATION



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



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

Batch #: 2202
Article #: 71106605959000131763
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

APPROVED

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

For delivery information visit our website at www.usps.com®

7110 6605 9590 0013 1770

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

WATERS S DAVIS III
C/O TRUST MIN SEC 1049308
P O BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

PS 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 1770

WATERS S DAVIS III
C/O TRUST MIN SEC 1049308
P O BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2202
Article #: 71106605959000131770
Date/Time: 8/31/2010 1:28:48 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 1770

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

1. Article Addressed to:

WATERS S DAVIS III
C/O TRUST MIN SEC 1049308
P O BOX 99084
FORT WORTH, TX 76199-0084

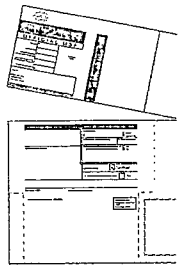
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

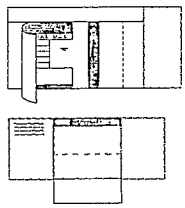
~~Code: Allocation Project - D.Howell~~

PS Form 3811

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 1770

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent ☐ Addressee

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

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

1. Article Addressed to:

WATERS S DAVIS III
C/O TRUST MIN SEC 1049308
P O BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2202
Article #: 71106605959000131770
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 ← LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 1787

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
WAYNE & JO ANNE MOORE CHARITABLE F
Street, Apt. No.; or PO Box No.
403 N MARIENFELD
City, State, Zip+4
MIDLAND, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

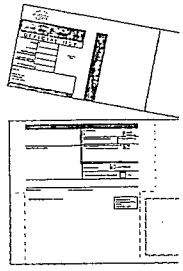
CERTIFIED MAIL™

7110 6605 9590 0013 1787

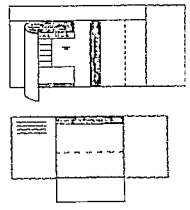
WAYNE & JO ANNE MOORE CHARITABLE FD
403 N MARIENFELD
MIDLAND, TX 79701

Batch #: 2202
Article #: 71106605959000131787
Date/Time: 8/31/2010 1:28:48 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1787

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

1. Article Addressed to:

WAYNE & JO ANNE MOORE CHARITABLE FD
403 N MARIENFELD
MIDLAND, TX 79701

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1787

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peggy Packing

☐ Agent ☐ Addressee

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

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

9-7-10

1. Article Addressed to:

WAYNE & JO ANNE MOORE CHARITABLE FD
403 N MARIENFELD
MIDLAND, TX 79701

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131787
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0013 4061

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

Postmark Here

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

WCB INVESTMENTS LLC NM LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

PS Form 3800, August 2006 — See Reverse for Instructions

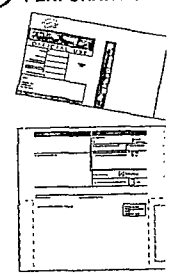
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 4061

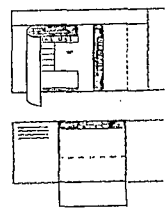
WCB INVESTMENTS LLC NM LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Batch #: 2273
Article #: 71106605959000134061
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 4061

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

1. Article Addressed to:

WCB INVESTMENTS LLC NM LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

PS

2. Article Number

7110 6605 9590 0013 4061

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Molyd Cecil ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Cheryl Cecil | C. Date of Delivery 9/14/10

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

1. Article Addressed to:

WCB INVESTMENTS LLC NM LLC
C/O REYNOLDS HIX & CO PA
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Batch #: 2273
Article #: 71106605959000134061
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

LIFT HERE

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0013 1794

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
WENDY DALE JOHNSON
Street, Apt. No.; or PO Box No.
PO BOX 627
City, State, Zip+4
DICKINSON, TX 77539

Code: Allocation Project - D.Howell

PS 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 1794

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Batch #: 2202
Article #: 71106605959000131794
Date/Time: 8/31/2010 1:28:48 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 ADDRES

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1794

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

1. Article Addressed to:

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1794

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

1. Article Addressed to:

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

DICKINSON TX
SEP 13 2010

Batch #: 2202
Article #: 71106605959000131794
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 4078

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

Postmark Here

Sent To: WESLEY E LECK
Street, Apt. No.; or PO Box No.: 411 N WALNUT ST
City, State, Zip+4: CLEBURNE, TX 76031

PS 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 4078

WESLEY E LECK
411 N WALNUT ST
CLEBURNE, TX 76031

Batch #: 2273
Article #: 71106605959000134078
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 4078

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

1. Article Addressed to:

WESLEY E LECK
411 N WALNUT ST

CLEBURNE, TX 76031

3. Service Type ☒ Certified

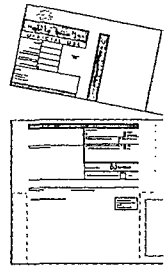
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

PS Form 3811 **Domestic Return Receipt**

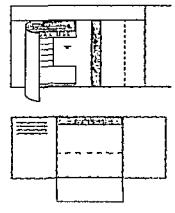
UNITED STATES POSTAL SERVICE

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGI OF THE RETURN ADDRE



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

Batch #: 2273
Article #: 71106605959000134078
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 1800

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

WESLEY T HOUSE TESTAMENTARY TRUST F
PO BOX 5383
DENVER, CO 80217

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

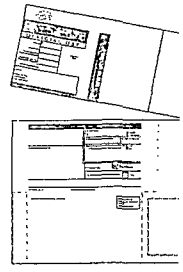
CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1800

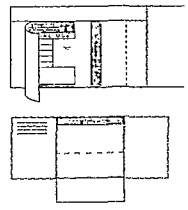
WESLEY T HOUSE TESTAMENTARY TRUST F
PO BOX 5383
DENVER, CO 80217

Batch #: 2202
Article #: 71106605959000131800
Date/Time: 8/31/2010 1:28:48 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1800

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

1. Article Addressed to:

WESLEY T HOUSE TESTAMENTARY TRUST F
PO BOX 5383
DENVER, CO 80217

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0013 1800

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew Nadeau ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

WESLEY T HOUSE TESTAMENTARY TRUST F
PO BOX 5383
DENVER, CO 80217

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131800
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 1817

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

WESLEY WEST MINERALS LTD
C/O FROST NTL BNK LCKBX DEPT
PO BOX 1141
HOUSTON, TX 77251-1141

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

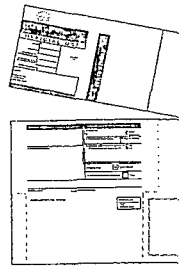
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1817

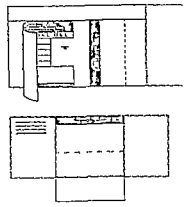
WESLEY WEST MINERALS LTD
C/O FROST NTL BNK LCKBX DEPT
PO BOX 1141
HOUSTON, TX 77251-1141

Batch #: 2202
Article #: 71106605959000131817
Date/Time: 8/31/2010 1:28:48 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1817

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

1. Article Addressed to:

WESLEY WEST MINERALS LTD
C/O FROST NTL BNK LCKBX DEPT
PO BOX 1141
HOUSTON, TX 77251-1141

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1817

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
SEP 07 2010

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

1. Article Addressed to:

WESLEY WEST MINERALS LTD
C/O FROST NTL BNK LCKBX DEPT
PO BOX 1141
HOUSTON, TX 77251-1141

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

Batch #: 2202
Article #: 71106605959000131817
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1824

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

WESTMEATH CORP
P O BOX 711
FARMINGTON, NM 87499-0711

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

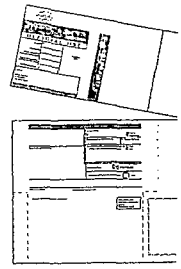
CERTIFIED MAIL™

7110 6605 9590 0013 1824

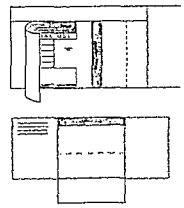
WESTMEATH CORP
P O BOX 711
FARMINGTON, NM 87499-0711

Batch #: 2202
Article #: 71106605959000131824
Date/Time: 8/31/2010 1:28:48 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



Reorder Form LCD-8 ... v. 01/07

2. Article Number

7110 6605 9590 0013 1824

1. Article Addressed to:

WESTMEATH CORP
P O BOX 711
FARMINGTON, NM 87499-0711

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1824

1. Article Addressed to:

WESTMEATH CORP
P O BOX 711
FARMINGTON, NM 87499-0711

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

FARMINGTON NM 87401 SEP 3 2010 USPS

Batch #: 2202
Article #: 71106605959000131824
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0013 1831

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: WHITE CREDIT TRUST AUG 24 2006
C/O BROWN ADVISORY
7475 WISCONSIN AVE STE 800
BETHESDA, MD 20814

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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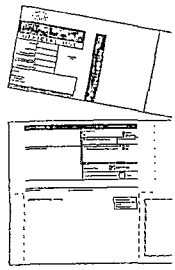
7110 6605 9590 0013 1831

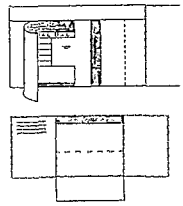
WHITE CREDIT TRUST AUG 24 2006
C/O BROWN ADVISORY
7475 WISCONSIN AVE STE 800
BETHESDA, MD 20814

Batch #: 2202
Article #: 71106605959000131831
Date/Time: 8/31/2010 1:28:48 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1831

1. Article Addressed to:

WHITE CREDIT TRUST AUG 24 2006
C/O BROWN ADVISORY
7475 WISCONSIN AVE STE 800
BETHESDA, MD 20814

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0013 1831

1. Article Addressed to:

WHITE CREDIT TRUST AUG 24 2006
C/O BROWN ADVISORY
7475 WISCONSIN AVE STE 800
BETHESDA, MD 20814

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen LaRosa ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131831
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 1848

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

WHITE RIVER ROYALTIES LLC
4194 SOUTH VALENTIA STREET
DENVER, CO 80237-1746

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

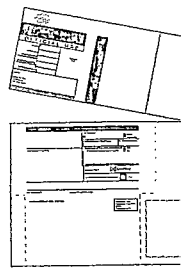
CERTIFIED MAIL

7110 6605 9590 0013 1848

WHITE RIVER ROYALTIES LLC
4194 SOUTH VALENTIA STREET
DENVER, CO 80237-1746

Batch #: 2202
Article #: 71106605959000131848
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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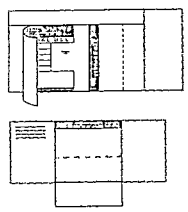

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1848

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

1. Article Addressed to:

WHITE RIVER ROYALTIES LLC
4194 SOUTH VALENTIA STREET
DENVER, CO 80237-1746

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1848

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) Lisa Beckman | C. Date of Delivery 9/1/10

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

1. Article Addressed to:

WHITE RIVER ROYALTIES LLC
4194 SOUTH VALENTIA STREET
DENVER, CO 80237-1746

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131848
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 1855

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

WHITE STAR ENERGY INC
P. O. BOX 51108
MIDLAND, TX 79710

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1855

WHITE STAR ENERGY INC
P. O. BOX 51108
MIDLAND, TX 79710

Batch #: 2202
Article #: 71106605959000131855
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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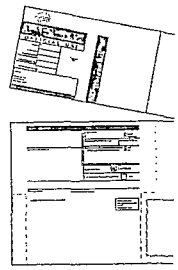
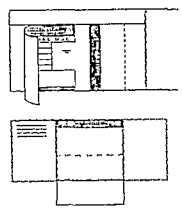


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1855

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

1. Article Addressed to:

WHITE STAR ENERGY INC
P. O. BOX 51108
MIDLAND, TX 79710

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1855

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

1. Article Addressed to:

WHITE STAR ENERGY INC
P. O. BOX 51108
MIDLAND, TX 79710

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

9/7/10

Batch #: 2202
Article #: 71106605959000131855
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 Domestic Return Receipt

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

7110 6605 9590 0013 1862

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

WHITNEY CLAIRE RILEY
1712 W MAIN , APT 6
HOUSTON, TX 77098-3636

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

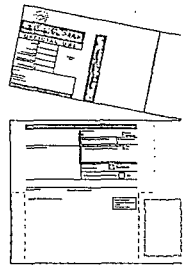
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1862

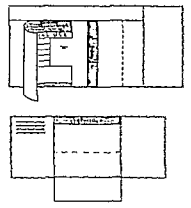
WHITNEY CLAIRE RILEY
1712 W MAIN , APT 6
HOUSTON, TX 77098-3636

Batch #: 2202
Article #: 71106605959000131862
Date/Time: 8/31/2010 1:28:48 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1862

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

1. Article Addressed to:

WHITNEY CLAIRE RILEY
1712 W MAIN , APT 6
HOUSTON, TX 77098-3636

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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2202
Article #: 71106605959000131862
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

UNITED STATES POSTAL SERVICE APPROVED POSTAL SERVICE

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

7110 6605 9590 0013 3217

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

Postmark Here

$5.54

Sent To
WILFRED REEVES JOHNSON
Street, Apt. No.; or PO Box No.
PO BOX 7507
City, State, Zip+4
THE WOODLANDS, TX 77387

PS 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.

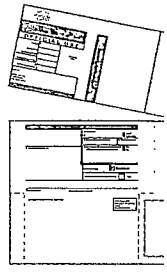
CERTIFIED MAIL™

7110 6605 9590 0013 3217

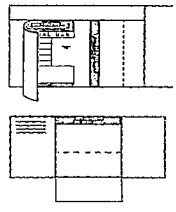
WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

Batch #: 2269
Article #: 71106605959000133217
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0013 3217

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

1. Article Addressed to:

WILFRED REEVES JOHNSON
PO BOX 7507

THE WOODLANDS, TX 77387

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 #: 2269
Article #: 71106605959000133217
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 3729

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

Postmark Here

Sent To: WILFRED REEVES JOHNSON
Street, Apt. No.; or PO Box No.: PO BOX 7507
City, State, Zip+4: THE WOODLANDS, TX 77387

PS 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™

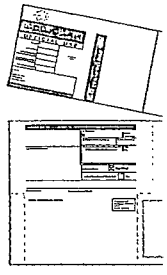
7110 6605 9590 0013 3729

WILFRED REEVES JOHNSON
PO BOX 7507

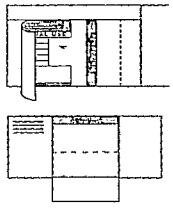
THE WOODLANDS, TX 77387

Batch #: 2272
Article #: 71106605959000133729
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-Rev. 01/07

2. Article Number

7110 6605 9590 0013 3729

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

1. Article Addressed to:

WILFRED REEVES JOHNSON
PO BOX 7507

THE WOODLANDS, TX 77387

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 #: 2272
Article #: 71106605959000133729
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

oPhillips

7110 6605 9590 0013 1954

0006557587 SEP 01 2010
MAILED FROM ZIPCODE 87402

UNCLAIMED

UNCLAIMED

WILLIAM D NORDHAUS
~~C/O RBC DAIN RAUSCHER~~
~~6301 UPTOWN BLVD NE STE 100~~
~~ALBUQUERQUE, NM 87110~~

LW
9-10-10

1st NOTICE
2nd NOTICE
RETURNED

forward to: 445 humphrey st
new haven ct 06511-3710

remailed 9/30/10

9/25

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

7110 6605 9590 0013 1954

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
WILLIAM D NORDHAUS
C/O RBC DAIN RAUSCHER
Street, Apt. No.; or PO Box No.
6301 UPTOWN BLVD NE STE 100
City, State, Zip+4
ALBUQUERQUE, NM 87110

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

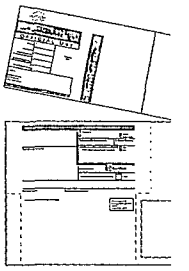
CERTIFIED MAIL™

7110 6605 9590 0013 1954

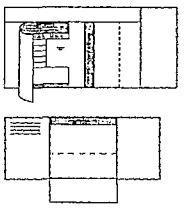
WILLIAM D NORDHAUS
C/O RBC DAIN RAUSCHER
6301 UPTOWN BLVD NE STE 100
ALBUQUERQUE, NM 87110

Batch #: 2206
Article #: 71106605959000131954
Date/Time: 8/31/2010 1:36:07 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0013 1954

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

1. Article Addressed to:

WILLIAM D NORDHAUS
C/O RBC DAIN RAUSCHER
6301 UPTOWN BLVD NE STE 100
ALBUQUERQUE, NM 87110

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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2206
Article #: 71106605959000131954
Date/Time: 8/31/2010 1:36:07 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0013 1961

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

WILLIAM D RAWSON
PO BOX 130443
HOUSTON, TX 77219-0443

Code: Allocation Project - D.Howell

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

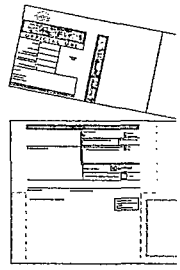
CERTIFIED MAIL™

7110 6605 9590 0013 1961

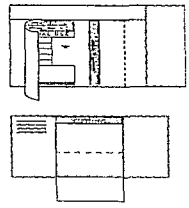
WILLIAM D RAWSON
PO BOX 130443
HOUSTON, TX 77219-0443

Batch #: 2206
Article #: 71106605959000131961
Date/Time: 8/31/2010 1:36:07 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 ADDRES



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0013 1961

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

1. Article Addressed to:

WILLIAM D RAWSON
PO BOX 130443
HOUSTON, TX 77219-0443

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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2206
Article #: 71106605959000131961
Date/Time: 8/31/2010 1:36:07 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 2005

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
WILLIAM HOFFMAN
C/O BANK OF OKLAHOMA NA AGENT
Street, Apt. No.; or PO Box No.
PO BOX 1588
City, State, Zip+4
TULSA, OK 74101

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

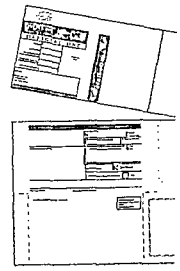
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 2005

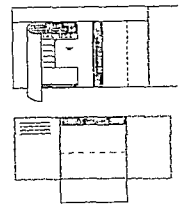
WILLIAM HOFFMAN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2206
Article #: 71106605959000132005
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORMATION



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 2005

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

1. Article Addressed to:

WILLIAM HOFFMAN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2005

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

1. Article Addressed to:

WILLIAM HOFFMAN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132005
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

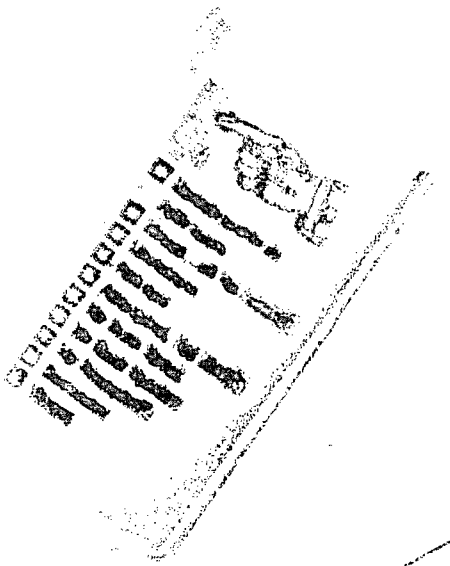
3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

ConocoPhillips

7110 6605 9590 0013 4085



FWD

WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN

PARKER, AZ 85344

returned
num
9/30/10
Delivered addressed
please.
NOTICE

Remailed
10/4/10

APPROVED

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

7110 6605 9590 0013 4085

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

Postmark Here

Sent To: WILLIAM IRVIN LAYLAND
Street, Apt. No.; or PO Box No.: 33957 E SMOKETREE LN
City, State, Zip+4: PARKER, AZ 85344

PS 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™

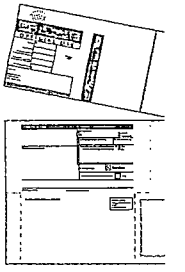
7110 6605 9590 0013 4085

WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN

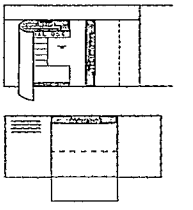
PARKER, AZ 85344

Batch #: 2273
Article #: 71106605959000134085
Date/Time: 9/14/2010 3:35:39 PM
Code:
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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0013 4085

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

1. Article Addressed to:

WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN

PARKER, AZ 85344

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 #: 2273
Article #: 71106605959000134085
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0013 2012

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
WILLIAM J HINES III
Street, Apt. No.; or PO Box No.
PO BOX 873402
City, State, Zip+4
WASILLA, AK 99687

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

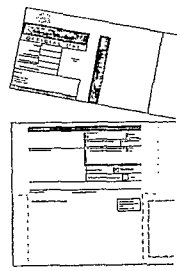
CERTIFIED MAIL™

7110 6605 9590 0013 2012

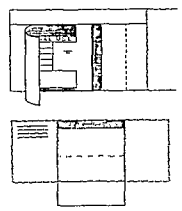
WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

Batch #: 2206
Article #: 71106605959000132012
Date/Time: 8/31/2010 1:36:08 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



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 2012

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

1. Article Addressed to:

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2012

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wm G Hines ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) Wm G Hines | C. Date of Delivery 9-13-10

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

1. Article Addressed to:

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132012
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 2029

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
WILLIAM LOUIS DAVANT
Street, Apt. No.; or PO Box No.
PO BOX 214
City, State, Zip+4
BLESSING, TX 77419

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

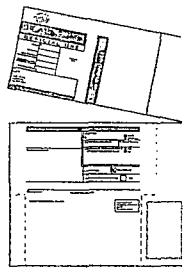
CERTIFIED MAIL™

7110 6605 9590 0013 2029

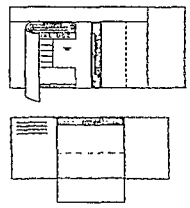
WILLIAM LOUIS DAVANT
PO BOX 214
BLESSING, TX 77419

Batch #: 2206
Article #: 71106605959000132029
Date/Time: 8/31/2010 1:36:08 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number (Transfer from service label)

7110 6605 9590 0013 2029

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

WILLIAM LOUIS DAVANT
PO BOX 214
BLESSING, TX 77419

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2206
Article #: 71106605959000132029
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 4092

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

Postmark Here

Sent To: WILLIAM MICHAEL MYATT
Street, Apt. No.; or PO Box No.: 3610 FARM LAND CT
City, State, Zip+4: GRANBURY, TX 76048

PS 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

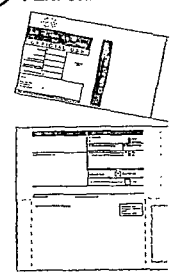
CERTIFIED MAIL™

7110 6605 9590 0013 4092

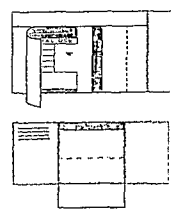
WILLIAM MICHAEL MYATT
3610 FARM LAND CT
GRANBURY, TX 76048

Batch #: 2273
Article #: 71106605959000134092
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0013 4092

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

1. Article Addressed to:

WILLIAM MICHAEL MYATT
3610 FARM LAND CT

GRANBURY, TX 76048

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number
7110 6605 9590 0013 4092

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wm Myatt ☐ Agent ☑ Addressee

B. Received by (*Printed Name*) Wm Myatt | C. Date of Delivery 9/17/10

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

1. Article Addressed to:

WILLIAM MICHAEL MYATT
3610 FARM LAND CT

GRANBURY, TX 76048

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Batch #: 2273
Article #: 71106605959000134092
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 2036

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
WILLIAM P RABB TESTAMENTARY TRUST
Street, Apt. No.; or PO Box No.
PO BOX 99084
City, State, Zip+4
FORT WORTH, TX 76199-0084

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

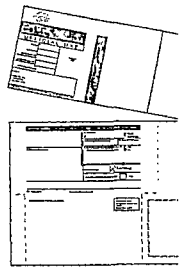
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

7110 6605 9590 0013 2036

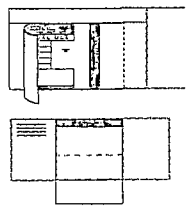
WILLIAM P RABB TESTAMENTARY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2206
Article #: 71106605959000132036
Date/Time: 8/31/2010 1:36:08 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2036

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

1. Article Addressed to:

WILLIAM P RABB TESTAMENTARY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2036

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

1. Article Addressed to:

WILLIAM P RABB TESTAMENTARY TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

SEP 2010 USPS FORT WORTH TX

Batch #: 2206
Article #: 71106605959000132036
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 2043

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
WILLIAM P SUTTER REVOCABLE TRUST
Street, Apt. No.; or PO Box No.
312 BRIDLE PATH CIRCLE
City, State, Zip+4
OAK BROOK, IL 60523

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

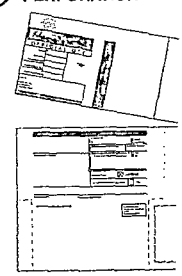
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0013 2043

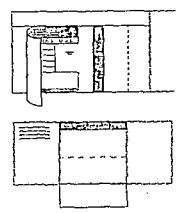
WILLIAM P SUTTER REVOCABLE TRUST
312 BRIDLE PATH CIRCLE
OAK BROOK, IL 60523

Batch #: 2206
Article #: 71106605959000132043
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGI
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2043

1. Article Addressed to:

WILLIAM P SUTTER REVOCABLE TRUST
312 BRIDLE PATH CIRCLE
OAK BROOK, IL 60523

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2043

1. Article Addressed to:

WILLIAM P SUTTER REVOCABLE TRUST
312 BRIDLE PATH CIRCLE
OAK BROOK, IL 60523

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) [illegible] | C. Date of Delivery 9/4/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2206
Article #: 71106605959000132043
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7119/09

ConocoPhillips

TO SENDER

- ☐ Not Deliverable As Addressed
  Unable To Forward
- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☑ Unclaimed ☐ Refused
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Returned For Better Address
- ☐ Postage Due

7110 6605 9590 0013 2050

UNITED S
02 1R
000655
MAILED

721

9/11/10

9/18/10

9/27/10

WILLIAM R ARCHER JR 2003 GRANTOR TR
3021 NORTH EDISON ST
ARLINGTON, VA [redacted]

- ☐ Not Delivera
  Unable To
- ☐ Insufficien
- ☐ M
- ☐ Attempted - Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacant ☐ Illegible
- ☐ No Mail Receptacle
- ☐ Box Closed - No Order
- ☐ Returned For Better Address
- ☐ Postage Due

dressed

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U.S. Postal Service™
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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 3224

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

Postmark Here

Sent To
WILLIAM SWINFORD
Street, Apt. No.; or PO Box No.
LANIER FAM MNRL CTRL AG MA076
City, State, Zip+4
PO BOX 1600
SAN ANTONIO, TX 78296

PS 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

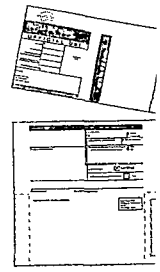
CERTIFIED MAIL™

7110 6605 9590 0013 3224

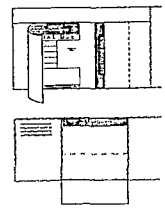
WILLIAM SWINFORD
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

Batch #: 2269
Article #: 71106605959000133224
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADD



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3224

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

1. Article Addressed to:

WILLIAM SWINFORD
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

P

2. Article Number

7110 6605 9590 0013 3224

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
SEP 21 2010

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

1. Article Addressed to:

WILLIAM SWINFORD
LANIER FAM MNRL CTRL AG MA076
PO BOX 1600
SAN ANTONIO, TX 78296

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000133224
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™
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(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0013 2067

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

WILLIAM S RABB
PO BOX 19186
BOULDER, CO 80308-2186

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0013 2067

WILLIAM S RABB
PO BOX 19186
BOULDER, CO 80308-2186

Batch #: 2206
Article #: 71106605959000132067
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2067	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) / C. Date of Delivery
WILLIAM S RABB PO BOX 19186 BOULDER, CO 80308-2186	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

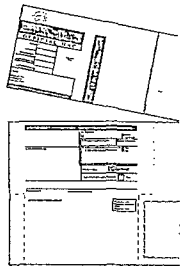
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

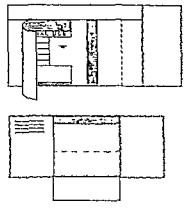
UNITED STATES POSTAL SERVICE

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

1 SEPARATE AT PERFORATION



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



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

Batch #: 2206
Article #: 71106605959000132067
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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

7110 6605 9590 0013 2074

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

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

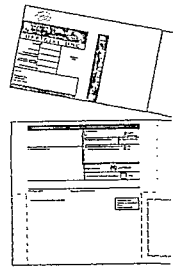
CERTIFIED MAIL™

7110 6605 9590 0013 2074

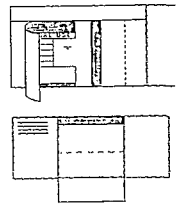
WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

Batch #: 2206
Article #: 71106605959000132074
Date/Time: 8/31/2010 1:36:08 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2074

1. Article Addressed to:

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2074

1. Article Addressed to:

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bill Siegenthaler ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Bill Siegenthaler | C. Date of Delivery 9-3

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 #: 2206
Article #: 71106605959000132074
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 2081

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

WILLIAM SIMPSON TRUST DTD 12-17-79
30 N LASALLE STE 1232
CHICAGO, IL 60602-3344

Code: Allocation Project - D.Howell

PS 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

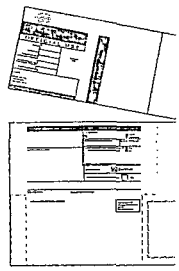
CERTIFIED MAIL™

7110 6605 9590 0013 2081

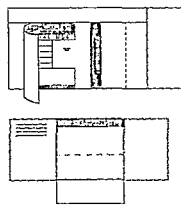
WILLIAM SIMPSON TRUST DTD 12-17-79
30 N LASALLE STE 1232
CHICAGO, IL 60602-3344

Batch #: 2206
Article #: 71106605959000132081
Date/Time: 8/31/2010 1:36:08 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2081

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

1. Article Addressed to:

WILLIAM SIMPSON TRUST DTD 12-17-79
30 N LASALLE STE 1232
CHICAGO, IL 60602-3344

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0013 2081

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Coy ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) D. COY | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

WILLIAM SIMPSON TRUST DTD 12-17-79
30 N LASALLE STE 1232
CHICAGO, IL 60602-3344

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2206
Article #: 71106605959000132081
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 2098

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

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

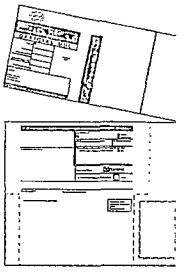
CERTIFIED MAIL™

7110 6605 9590 0013 2098

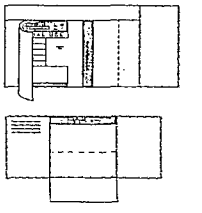
WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

Batch #: 2206
Article #: 71106605959000132098
Date/Time: 8/31/2010 1:36:08 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2098

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

1. Article Addressed to:

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2206
Article #: 71106605959000132098
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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For delivery information visit our website at www.usps.com®

7110 6605 9590 0013 2104

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

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

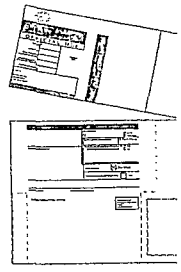
CERTIFIED MAIL™

7110 6605 9590 0013 2104

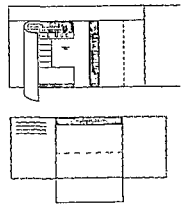
WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

Batch #: 2206
Article #: 71106605959000132104
Date/Time: 8/31/2010 1:36:08 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2104

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

1. Article Addressed to:

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2104

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W. W. Cooper ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) W. W. Cooper C. Date of Delivery 9-16-10

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

1. Article Addressed to:

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132104
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 2111

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

Postmark Here

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

WILLIAMS PRODUCTION COMPANY
ATTN: BARBARA BURNETT
PO BOX 3102
TULSA, OK 74101

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

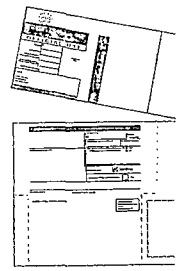
CERTIFIED MAIL

7110 6605 9590 0013 2111

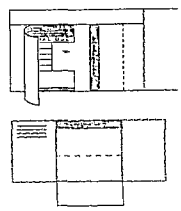
WILLIAMS PRODUCTION COMPANY
ATTN: BARBARA BURNETT
PO BOX 3102
TULSA, OK 74101

Batch #: 2206
Article #: 71106605959000132111
Date/Time: 8/31/2010 1:36:08 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2111

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

1. Article Addressed to:

WILLIAMS PRODUCTION COMPANY
ATTN: BARBARA BURNETT
PO BOX 3102
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

1. Article Addressed to:

WILLIAMS PRODUCTION COMPANY
ATTN: BARBARA BURNETT
PO BOX 3102
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132111
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 2128

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

Postmark Here

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

WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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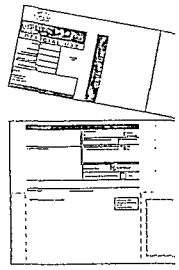
7110 6605 9590 0013 2128

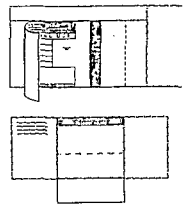
WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

Batch #: 2206
Article #: 71106605959000132128
Date/Time: 8/31/2010 1:36:09 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2128

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

1. Article Addressed to:

WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2128

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Moulton ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132128
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0013 2135

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

WINDOM ROYALTIES LLC
PO BOX 660082
DALLAS, TX 75266-0082

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

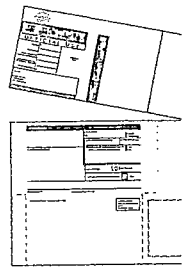
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7110 6605 9590 0013 2135

WINDOM ROYALTIES LLC
PO BOX 660082
DALLAS, TX 75266-0082

Batch #: 2206
Article #: 71106605959000132135
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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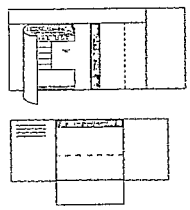

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2135

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

1. Article Addressed to:

WINDOM ROYALTIES LLC
PO BOX 660082
DALLAS, TX 75266-0082

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

WINDOM ROYALTIES LLC
PO BOX 660082
DALLAS, TX 75266-0082

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132135
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
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7110 6605 9590 0013 2142

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

WINTERGREEN ENERGY CORP
ROCKWALL EXEC CENTER
500 TURTLE COVE STE 120
ROCKWALL, TX 75087

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

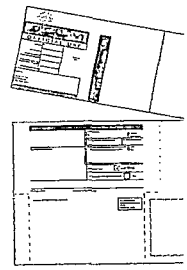
CERTIFIED MAIL™

7110 6605 9590 0013 2142

WINTERGREEN ENERGY CORP
ROCKWALL EXEC CENTER
500 TURTLE COVE STE 120
ROCKWALL, TX 75087

Batch #: 2206
Article #: 71106605959000132142
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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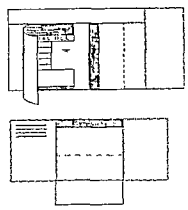


2. Article Number

7110 6605 9590 0013 2142

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

1. Article Addressed to:

WINTERGREEN ENERGY CORP
ROCKWALL EXEC CENTER
500 TURTLE COVE STE 120
ROCKWALL, TX 75087

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2142

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sandy Jarecki ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

WINTERGREEN ENERGY CORP
ROCKWALL EXEC CENTER
500 TURTLE COVE STE 120
ROCKWALL, TX 75087

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132142
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0013 2159

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
WOODBINE FINANCIAL CORP
Street, Apt. No.; or PO Box No.
PO BOX 52296
City, State, Zip+4
TULSA, OK 74152

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

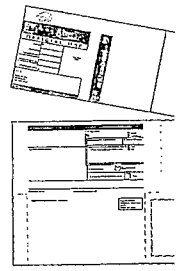
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 2159

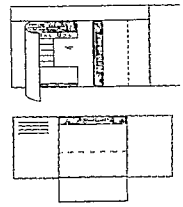
WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

Batch #: 2206
Article #: 71106605959000132159
Date/Time: 8/31/2010 1:36:09 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2159

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

1. Article Addressed to:

WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2159

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X V. Hawkins ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

SEP 9 2010

Batch #: 2206
Article #: 71106605959000132159
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0013 2166

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: WOOLLEY FAMILY TRUST DTD 3/2/2005
Street, Apt. No.; or PO Box No.: 3900 CONNECTICUT APT 101-G
City, State, Zip+4: WASHINGTON, DC 20008

Code: Allocation Project - D.Howell

PS 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 2166

WOOLLEY FAMILY TRUST DTD 3/2/2005
3900 CONNECTICUT APT 101-G
WASHINGTON, DC 20008

Batch #: 2206
Article #: 71106605959000132166
Date/Time: 8/31/2010 1:36:09 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 2166

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

1. Article Addressed to:

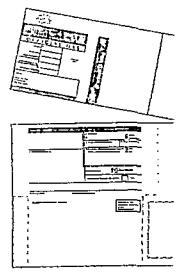
WOOLLEY FAMILY TRUST DTD 3/2/2005
3900 CONNECTICUT APT 101-G
WASHINGTON, DC 20008

3. Service Type ☒ Certified

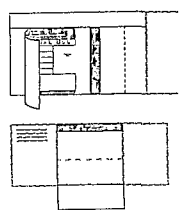
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2166

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W. Dellon ☐ Agent ☐ 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

1. Article Addressed to:

WOOLLEY FAMILY TRUST DTD 3/2/2005
3900 CONNECTICUT APT 101-G
WASHINGTON, DC 20008

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132166
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 — Domestic Return Receipt

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APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 2173

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: WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
Street, Apt. No.; or PO Box No.: 1260 PIN OAK RD STE 200
City, State, Zip+4: KATY, TX 77494

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

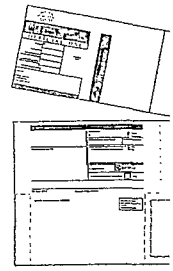
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 2173

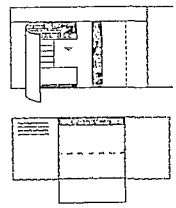
WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
1260 PIN OAK RD STE 200
KATY, TX 77494

Batch #: 2206
Article #: 71106605959000132173
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGI
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2173

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

1. Article Addressed to:

WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
1260 PIN OAK RD STE 200
KATY, TX 77494

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2173

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shirley M. Denman ☐ Agent ☐ 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

1. Article Addressed to:

WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
1260 PIN OAK RD STE 200
KATY, TX 77494

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2206
Article #: 71106605959000132173
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

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 2180

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

Postmark Here

Sent To
WWR ENTERPRISES INC
Street, Apt. No.; or PO Box No.
C/O PETRO ASSET MANAGENT LLC
P O BOX 745
City, State, Zip+4
HOBBS, NM 88241

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

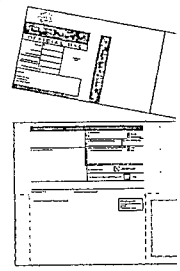
CERTIFIED MAIL™

7110 6605 9590 0013 2180

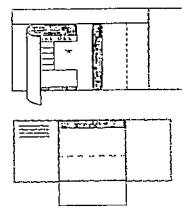
WWR ENTERPRISES INC
C/O PETRO ASSET MANAGENT LLC
P O BOX 745
HOBBS, NM 88241

Batch #: 2206
Article #: 71106605959000132180
Date/Time: 8/31/2010 1:36:09 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2180

1. Article Addressed to:

WWR ENTERPRISES INC
C/O PETRO ASSET MANAGENT LLC
P O BOX 745
HOBBS, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 2180

1. Article Addressed to:

WWR ENTERPRISES INC
C/O PETRO ASSET MANAGENT LLC
P O BOX 745
HOBBS, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

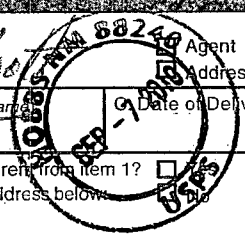
B. Received by (*Printed Name*) | C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell



Batch #: 2206
Article #: 71106605959000132180
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 2197

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

Postmark Here

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

XTO ENERGY INC
ATTN: MR. MIKE BLISSIT
810 HOUSTON ST
FORT WORTH, TX 76102-6298

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

CERTIFIED MAIL™

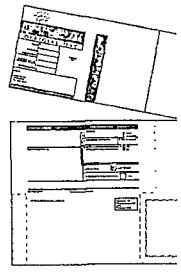
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 2197

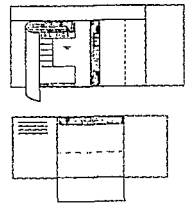
XTO ENERGY INC
ATTN: MR. MIKE BLISSIT
810 HOUSTON ST
FORT WORTH, TX 76102-6298

Batch #: 2206
Article #: 71106605959000132197
Date/Time: 8/31/2010 1:36:09 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2197

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

1. Article Addressed to:

XTO ENERGY INC
ATTN: MR. MIKE BLISSIT
810 HOUSTON ST
FORT WORTH, TX 76102-6298

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

P

2. Article Number

7110 6605 9590 0013 2197

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

1. Article Addressed to:

XTO ENERGY INC
ATTN: MR. MIKE BLISSIT
810 HOUSTON ST
FORT WORTH, TX 76102-6298

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132197
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 2203

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

YELLOW QUEEN URANIUM COMPANY
201 AIRPORT DR., STE 19
FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0013 2203

YELLOW QUEEN URANIUM COMPANY
201 AIRPORT DR., STE 19
FARMINGTON, NM 87401

Batch #: 2206
Article #: 71106605959000132203
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-6, Rev. 01/07

2. Article Number

7110 6605 9590 0013 2203

1. Article Addressed to:

YELLOW QUEEN URANIUM COMPANY
201 AIRPORT DR., STE 19
FARMINGTON, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

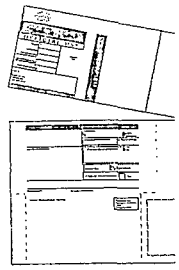
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

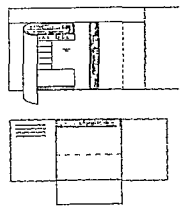
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2203

1. Article Addressed to:

YELLOW QUEEN URANIUM COMPANY
201 AIRPORT DR., STE 19
FARMINGTON, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Nordstrom ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) M. Nordstrom | C. Date of Delivery 9/4/10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2206
Article #: 71106605959000132203
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 1879

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

WILCO PROPERTIES INC
P O BOX 600789
DALLAS, TX 75360-0789

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

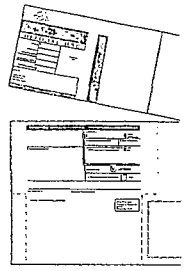
CERTIFIED MAIL™

7110 6605 9590 0013 1879

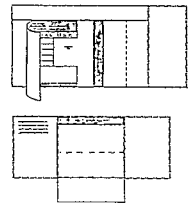
WILCO PROPERTIES INC
P O BOX 600789
DALLAS, TX 75360-0789

Batch #: 2202
Article #: 71106605959000131879
Date/Time: 8/31/2010 1:28:48 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



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1879

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

1. Article Addressed to:

WILCO PROPERTIES INC
P O BOX 600789
DALLAS, TX 75360-0789

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1879

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) JEFF DOUMANY | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

WILCO PROPERTIES INC
P O BOX 600789
DALLAS, TX 75360-0789

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131879
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

POSTAGE PAID APPROVED FIRST-CLASS MAIL

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 1886

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
WILLADEAN HIRSCH
Street, Apt. No.; or PO Box No.
14143 W DESERT GLEN DR
City, State, Zip+4
SUN CITY WEST, AZ 85375

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

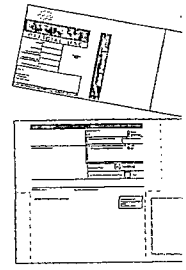
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1886

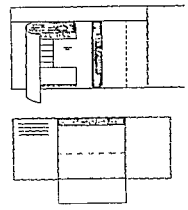
WILLADEAN HIRSCH
14143 W DESERT GLEN DR
SUN CITY WEST, AZ 85375

Batch #: 2202
Article #: 71106605959000131886
Date/Time: 8/31/2010 1:28:49 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1886

1. Article Addressed to:

WILLADEAN HIRSCH
14143 W DESERT GLEN DR
SUN CITY WEST, AZ 85375

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 1886

1. Article Addressed to:

WILLADEAN HIRSCH
14143 W DESERT GLEN DR
SUN CITY WEST, AZ 85375

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Willadean Hirsch ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) W. Hirsch | C. Date of Delivery 9-10-10

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

SEP 10 2010 SUN CITY WEST

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Batch #: 2202
Article #: 71106605959000131886
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0013 1893

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

WILLIAM B HARDIE SR
JANE HARDIE, TUSTEE
1065 LOS JARDINES
EL PASO, TX 79912-1942

Code: Allocation Project - D.Howell

PS 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

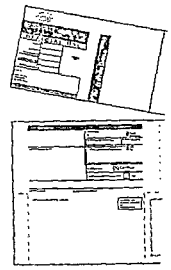
CERTIFIED MAIL™

7110 6605 9590 0013 1893

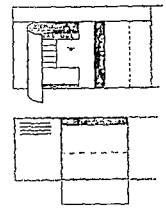
WILLIAM B HARDIE SR
JANE HARDIE, TUSTEE
1065 LOS JARDINES
EL PASO, TX 79912-1942

Batch #: 2202
Article #: 71106605959000131893
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK! PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADD



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1893

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

1. Article Addressed to:

WILLIAM B HARDIE SR
JANE HARDIE, TUSTEE
1065 LOS JARDINES
EL PASO, TX 79912-1942

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0013 1893

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Hardie ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Hardie | C. Date of Delivery 9/7

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

1. Article Addressed to:

WILLIAM B HARDIE SR
JANE HARDIE, TUSTEE
1065 LOS JARDINES
EL PASO, TX 79912-1942

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2202
Article #: 71106605959000131893
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 1909

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
WILLIAM B LANDSHEFT
Street, Apt. No.; or PO Box No.
15880 S PEORIA RT 6
City, State, Zip+4
BIXBY, OK 74008-5221

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

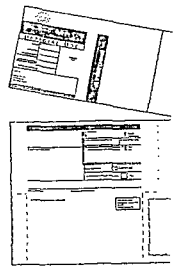
CERTIFIED MAIL™

7110 6605 9590 0013 1909

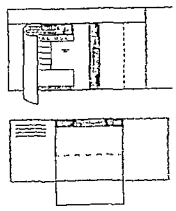
WILLIAM B LANDSHEFT
15880 S PEORIA RT 6
BIXBY, OK 74008-5221

Batch #: 2202
Article #: 71106605959000131909
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1909

1. Article Addressed to:

WILLIAM B LANDSHEFT
15880 S PEORIA RT 6
BIXBY, OK 74008-5221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0013 1909

1. Article Addressed to:

WILLIAM B LANDSHEFT
15880 S PEORIA RT 6
BIXBY, OK 74008-5221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2202
Article #: 71106605959000131909
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 1916

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

WILLIAM BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Code: Allocation Project - D.Howell

PS 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

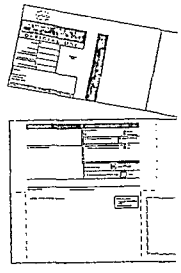
CERTIFIED MAIL

7110 6605 9590 0013 1916

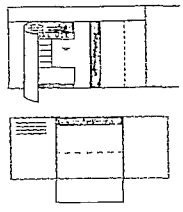
WILLIAM BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Batch #: 2202
Article #: 71106605959000131916
Date/Time: 8/31/2010 1:28:49 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 ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1916

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

1. Article Addressed to:

WILLIAM BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1916

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cindy Good ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Cindy Good C. Date of Delivery 9/3/10

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

1. Article Addressed to:

WILLIAM BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2202
Article #: 71106605959000131916
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1923

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

WILLIAM CHARLES BANZHOF
2186 CAMINO CHRISTINA
ALPINE, CA 91901-3223

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

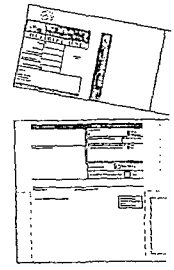
SUGGESTED PLACEMENT OF CERTIFIED MAIL™ LABEL
TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0013 1923

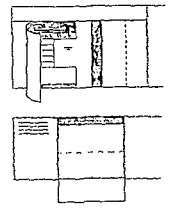
WILLIAM CHARLES BANZHOF
2186 CAMINO CHRISTINA
ALPINE, CA 91901-3223

Batch #: 2202
Article #: 71106605959000131923
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK! PLACE LABEL AT TOP ENVELOPE TO THE RIG OF THE RETURN ADDR



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1923

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

1. Article Addressed to:

WILLIAM CHARLES BANZHOF
2186 CAMINO CHRISTINA
ALPINE, CA 91901-3223

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0013 1923

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W. M. Banzhof ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

WILLIAM CHARLES BANZHOF
2186 CAMINO CHRISTINA
ALPINE, CA 91901-3223

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2202
Article #: 71106605959000131923
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0013 1930

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

WILLIAM CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

PS 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

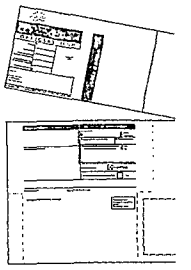
CERTIFIED MAIL

7110 6605 9590 0013 1930

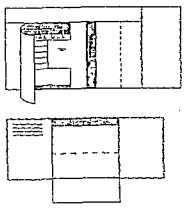
WILLIAM CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2202
Article #: 71106605959000131930
Date/Time: 8/31/2010 1:28:49 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



Reorder Form LCD-8, Rev. 01/07

2. Article Number

7110 6605 9590 0013 1930

1. Article Addressed to:

WILLIAM CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

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 1930

1. Article Addressed to:

WILLIAM CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (*Printed Name*) C. Date of Delivery
SEP 07 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 #: 71106605959000131930
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0013 1978

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
WILLIAM FIELDING DAVENPORT
Street, Apt. No.; or PO Box No.
PO BOX 2465
City, State, Zip+4
ALVIN, TX 77512-2465

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

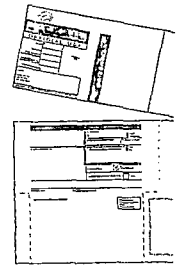
CERTIFIED MAIL™

7110 6605 9590 0013 1978

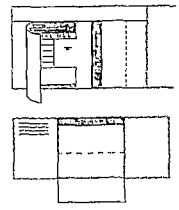
WILLIAM FIELDING DAVENPORT
PO BOX 2465
ALVIN, TX 77512-2465

Batch #: 2206
Article #: 71106605959000131978
Date/Time: 8/31/2010 1:36:07 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 01/07

2. Article Number
7110 6605 9590 0013 1978

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

1. Article Addressed to:
WILLIAM FIELDING DAVENPORT
PO BOX 2465
ALVIN, TX 77512-2465

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0013 1978

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:
WILLIAM FIELDING DAVENPORT
PO BOX 2465
ALVIN, TX 77512-2465

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000131978
Date/Time: 8/31/2010 1:36:07 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
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7110 6605 9590 0013 1985

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

WILLIAM G WEBB ESTATE
JOHN G TAYLOR, IND. EXEC.
1401 ELM STREET, SUITE 3435
DALLAS, TX 75202

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

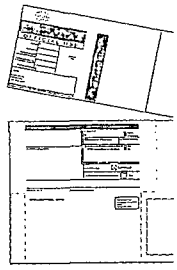
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1985

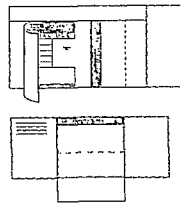
WILLIAM G WEBB ESTATE
JOHN G TAYLOR, IND. EXEC.
1401 ELM STREET, SUITE 3435
DALLAS, TX 75202

Batch #: 2206
Article #: 71106605959000131985
Date/Time: 8/31/2010 1:36:08 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1985

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

1. Article Addressed to:

WILLIAM G WEBB ESTATE
JOHN G TAYLOR, IND. EXEC.
1401 ELM STREET, SUITE 3435
DALLAS, TX 75202

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1985

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

1. Article Addressed to:

WILLIAM G WEBB ESTATE
JOHN G TAYLOR, IND. EXEC.
1401 ELM STREET, SUITE 3435
DALLAS, TX 75202

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000131985
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0013 1992

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

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

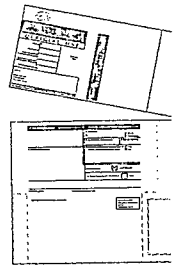
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 1992

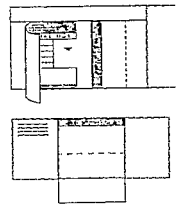
WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

Batch #: 2206
Article #: 71106605959000131992
Date/Time: 8/31/2010 1:36:08 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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1992

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

1. Article Addressed to:

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0013 1992

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

1. Article Addressed to:

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

MONTICELLO IN 47960-9998
SEP - 4 2010
USPS

Batch #: 2206
Article #: 71106605959000131992
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**