



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0013 1725

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1725

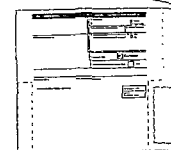
W. A. KERNAGHAN
5650 CHARLESTOWN DR.
DALLAS, TX 75230-1730

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

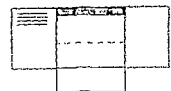
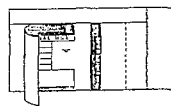
Reorder Form LCD-8 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W. A. KERNAGHAN 5650 CHARLESTOWN DR. DALLAS, TX 75230-1730 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



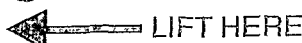
2 REMOVE LABEL AND RECEIPT FROM BACKING
PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0013 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W. A. KERNAGHAN 5650 CHARLESTOWN DR. DALLAS, TX 75230-1730 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 #:

3





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0013 1695

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



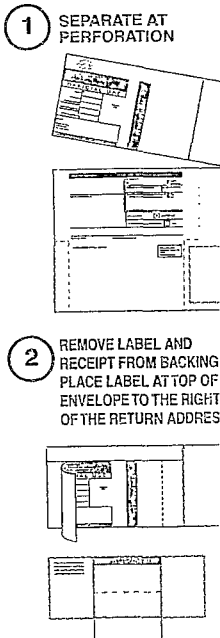
7110 6605 9590 0013 1695

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 #:

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0013 1695	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W D KENNEDY PROPERTIES LTD 500 WEST TEXAS, STE 655 MIDLAND, TX 79701 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1695	COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent x ☒ Addressee B. Received by (Printed Name) C. Date of Delivery Dawn Hernandez 8/31/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W D KENNEDY PROPERTIES LTD 500 WEST TEXAS, STE 655 MIDLAND, TX 79701 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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0013 1701

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



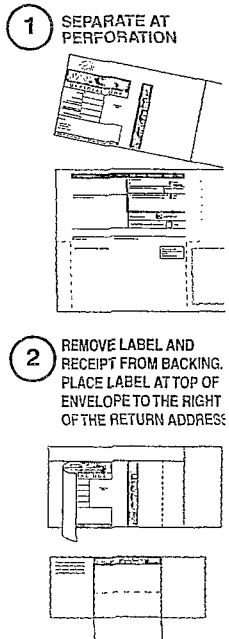
7110 6605 9590 0013 1701

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 #:

Reorder Form LCD-8 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W G PEAVY OIL COMPANY C/O CHARLES D DAVID JR 221 WOODCREST DR RICHARDSON, TX 75080-2038 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) C. Date of Delivery Charles D. David 9-25-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W G PEAVY OIL COMPANY C/O CHARLES D DAVID JR 221 WOODCREST DR RICHARDSON, TX 75080-2038 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 #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only - No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0013 1718

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

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

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1718

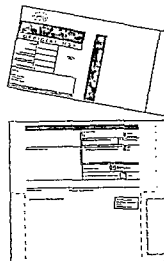
W L JENNINGS
PO BOX 117
ABILENE, TX 79604

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

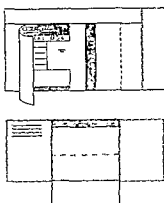
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1718	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
W L JENNINGS PO BOX 117 ABILENE, TX 79604	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1718	A. Signature X <i>W L Jennings</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
W L JENNINGS PO BOX 117 ABILENE, TX 79604	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

3

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0013 1732

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

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



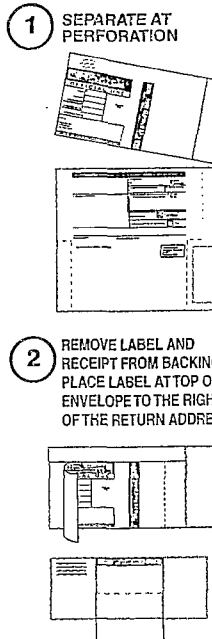
7110 6605 9590 0013 1732

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: W.W. LAFORCE, JR. PO BOX 353 MIDLAND, TX 79702 Code: Allocation Project - D.Howell	



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 W.W. LA FORCE JR 09/07/2010 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
1. Article Addressed to: W.W. LAFORCE, JR. PO BOX 353 MIDLAND, TX 79702 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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information, visit our Website at www.usps.com
7110 6605 9590 0013 1749

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

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1749

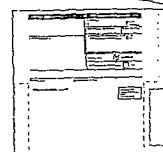
WALTER K HOWARD ESTATE
FIRST NATIONAL BANK OLNEY
PO BOX 100
OLNEY, IL 62450-0100

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

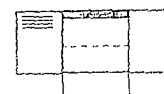
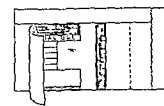
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0013 1749	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WALTER K HOWARD ESTATE FIRST NATIONAL BANK OLNEY PO BOX 100 OLNEY, IL 62450-0100 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1749	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Handwritten Signature</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 714413204 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
1. Article Addressed to: WALTER K HOWARD ESTATE FIRST NATIONAL BANK OLNEY PO BOX 100 OLNEY, IL 62450-0100 Code: Allocation Project - D.Howell	

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

3



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 1756

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

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

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

PS Form 3800, August 2009, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1756

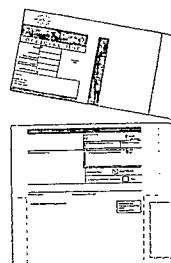
WALTER R & FLORENCE L GIBSON TRUST
2421 FREMONT BLVD
FLAGSTAFF, AZ 86001

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

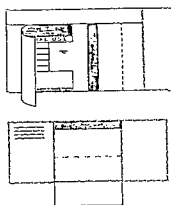
Reorder Form LCD-817 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1756	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WALTER R & FLORENCE L GIBSON TRUST 2421 FREMONT BLVD FLAGSTAFF, AZ 86001	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1756	A. Signature X <i>Michael B. Gibson</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/1
WALTER R & FLORENCE L GIBSON TRUST 2421 FREMONT BLVD FLAGSTAFF, AZ 86001	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 #: 71106605959000131756
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

Postage	\$ 7110 6605 9590 0013 3194	Postmark Here
Certified Fee	\$0.44	
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$ 0.00	

\$5.54

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

LAFAYETTE, CO 80026

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™

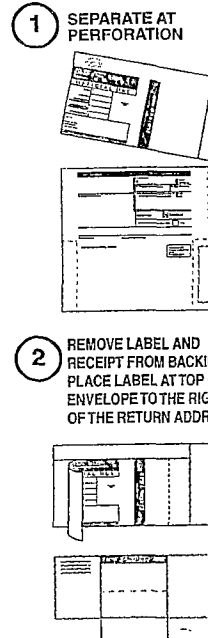
7110 6605 9590 0013 3194

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3194	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WANDA H APODACA TR DTD 07/10/07 PO BOX 534 LAFAYETTE, CO 80026	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3194	A. Signature X Wanda Apodaca ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Wanda Apodaca
WANDA H APODACA TR DTD 07/10/07 PO BOX 534 LAFAYETTE, CO 80026	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0013 1763

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

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

WASATCH ENERGY LLC
PO BOX 699
FARMINGTON, UT 84025

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number: 7110 6605 9590 0013 1763	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: WASATCH ENERGY LLC PO BOX 699 FARMINGTON, UT 84025	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

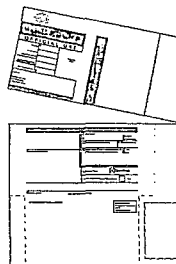


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

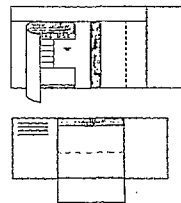
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

1 SEPARATE AT PERFORATION



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



3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0013 1770

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

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

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

Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1770

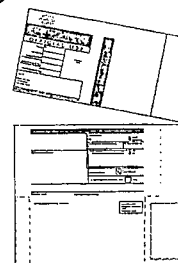
WATERS S DAVIS III
C/O TRUST MIN SEC 1049308
P O BOX 99084
FORT WORTH, TX 76199-0084

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

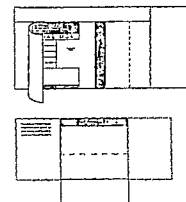
Reorder Form LCD-8 Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WATERS S DAVIS III C/O TRUST MIN SEC 1049308 P O BOX 99084 FORT WORTH, TX 76199-0084 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 1770	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Elfer</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WATERS S DAVIS III C/O TRUST MIN SEC 1049308 P O BOX 99084 FORT WORTH, TX 76199-0084 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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0013 1787

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



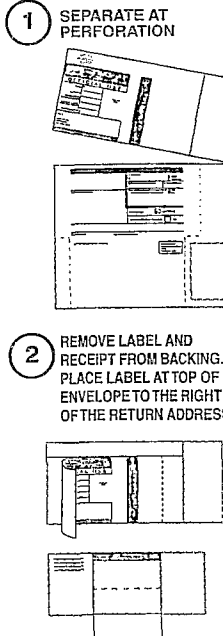
7110 6605 9590 0013 1787

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 #:

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 E. Service Type ☒ Certified F. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WAYNE & JO ANNE MOORE CHARITABLE FD 403 N MARIENFELD MIDLAND, TX 79701 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1787	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Peggy Packin</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Peggy Packin</i> <i>9-27-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No E. Service Type ☒ Certified F. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WAYNE & JO ANNE MOORE CHARITABLE FD 403 N MARIENFELD MIDLAND, TX 79701 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 #:



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

7110 6605 9590 0013 4061

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

Postage 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 2005 See Reverse for Instructions



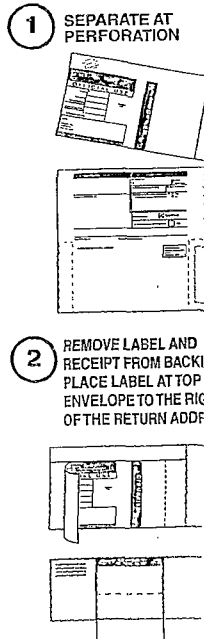
7110 6605 9590 0013 4061

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4061	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WCB INVESTMENTS LLC NM LLC C/O REYNOLDS HIX & CO PA 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4061	A. Signature <i>Cheryl Good</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Cheryl Good</i> C. Date of Delivery <i>9/14/10</i>
WCB INVESTMENTS LLC NM LLC C/O REYNOLDS HIX & CO PA 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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

7110 6605 9590 0013 1794

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

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

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0013 1794

1. Article Addressed to:

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

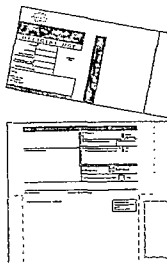
B. Received by (Printed Name) C. Date of Delivery

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

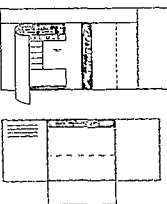
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2 Article Number

7110 6605 9590 0013 1794

1. Article Addressed to:

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

B. Received by (Printed Name) C. Date of Delivery
SEP 13 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 #: 71106605959000131794
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 4078

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

Send To
WESLEY E LECK
411 N WALNUT ST
CLEBURNE, TX 76031

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

PS Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4078	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: WESLEY E LECK 411 N WALNUT ST CLEBURNE, TX 76031	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

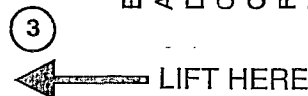
UNITED STATES POSTAL SERVICE



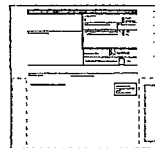
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

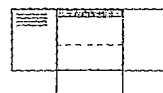
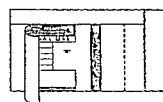
Batch #: 2273
Article #: 71106605959000134078
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0013 1800

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

sent To

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

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1800

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

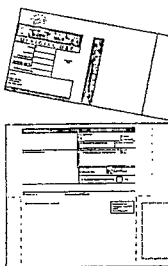
Batch #: 2202
Article #: 71106605959000131800
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1800	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WESLEY T HOUSE TESTAMENTARY TRUST F PO BOX 5383 DENVER, CO 80217	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

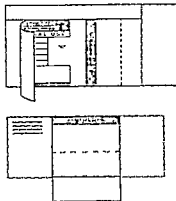
Code: Allocation Project - D.Howell

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 ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1800	A. Signature X Matthew Haden ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Matthew Haden 9-7-10
WESLEY T HOUSE TESTAMENTARY TRUST F PO BOX 5383 DENVER, CO 80217	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 #: 71106605959000131800
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0013 1817

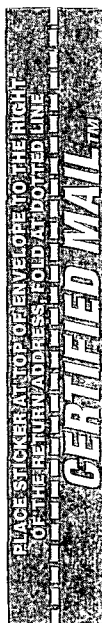
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number

7110 6605 9590 0013 1817

1. Article Addressed to:

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

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 1817

1. Article Addressed to:

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

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

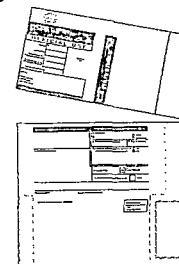
3. Service Type

☒ Certified

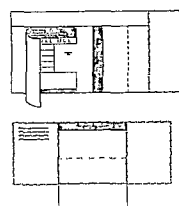
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



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

3

↑ LIFT HERE



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

7110 6605 9590 0013 1824

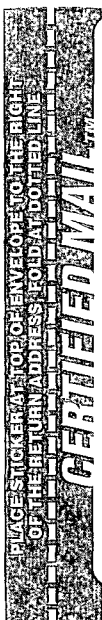
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1824

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

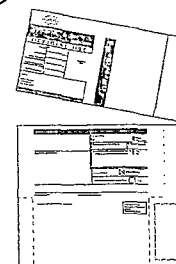
Batch #: 2202
Article #: 71106605959000131824
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 01/07

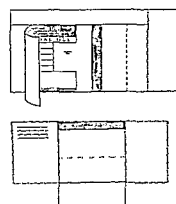
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1824	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WESTMEATH CORP P O BOX 711 FARMINGTON, NM 87499-0711	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1824	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WESTMEATH CORP P O BOX 711 FARMINGTON, NM 87499-0711	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 #: 71106605959000131824
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 1831

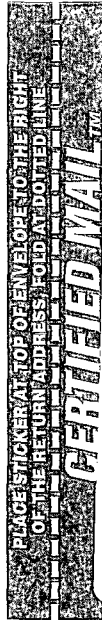
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1831	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WHITE CREDIT TRUST AUG 24 2006 C/O BROWN ADVISORY 7475 WISCONSIN AVE STE 800 BETHESDA, MD 20814	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

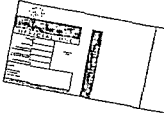
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1831	A. Signature X Karen LaRosa ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WHITE CREDIT TRUST AUG 24 2006 C/O BROWN ADVISORY 7475 WISCONSIN AVE STE 800 BETHESDA, MD 20814	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

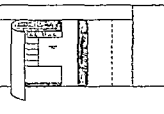
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



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

3
LIFT HERE



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

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1848

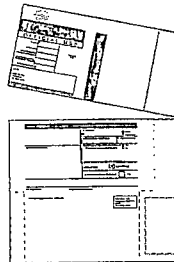
WHITE RIVER ROYALTIES LLC
4194 SOUTH VALENTIA STREET
DENVER, CO 80237-1746

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

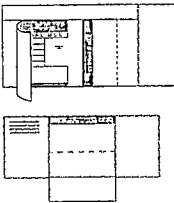
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1848	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE RIVER ROYALTIES LLC 4194 SOUTH VALENTIA STREET DENVER, CO 80237-1746	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1848	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE RIVER ROYALTIES LLC 4194 SOUTH VALENTIA STREET DENVER, CO 80237-1746	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 1855

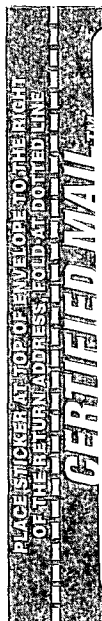
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To

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

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

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8-01/07

2. Article Number

7110 6605 9590 0013 1855

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☐ No

3. Service Type



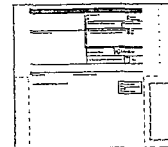
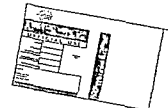
Certified

4. Restricted Delivery? (Extra Fee)

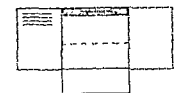
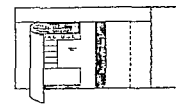
☐

Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 1855

1. Article Addressed to:

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

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

9/7/10

3. Service Type



Certified

4. Restricted Delivery? (Extra Fee)

☐

Yes

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



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

7110 6605 9590 0013 1862

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

sent To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1862		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
WHITNEY CLAIRE RILEY 1712 W MAIN , APT 6 HOUSTON, TX 77098-3636		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



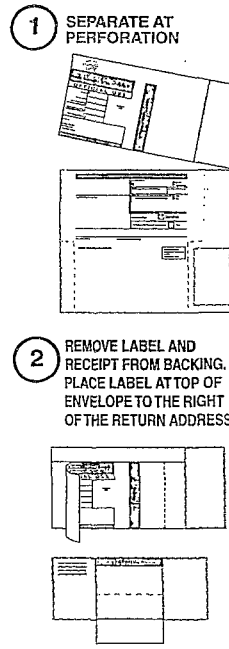
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 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





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

7110 6605 9590 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	
ent To WILFRED REEVES JOHNSON PO BOX 7507 THE WOODLANDS, TX 77387	
Form 3800, August 2006 See Reverse for Instructions	



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 #:

2. Article Number 7110 6605 9590 0013 3217	
1. Article Addressed to: WILFRED REEVES JOHNSON PO BOX 7507 THE WOODLANDS, TX 77387	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature X	☐ Agent ☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type	☒ Certified
4. Restricted Delivery? (Extra Fee)	☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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

3

LIFT HERE

Reorder Form LCD- rev. 01/07



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

7110 6605 9590 0013 3729

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

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

WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3729	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILFRED REEVES JOHNSON PO BOX 7507 THE WOODLANDS, TX 77387	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

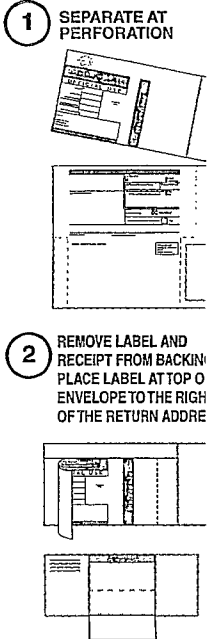
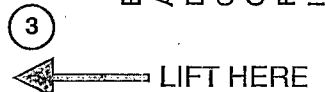
UNITED STATES POSTAL SERVICE



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



Reorder Form LCD-01/07



7110 6605 9590 0013 1954

0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402



UNCLAIMED

UNCLAIMED

WILLIAM D NORDHAUS
C/O RBC-DAIN-RAUSCHER
6301 UPTOWN BLVD NE STE 100
ALBUQUERQUE, NM 87410

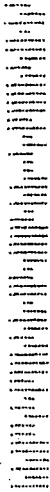
LP
9-10-10

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

7110 6605 9590 0013 1954

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number

7110 6605 9590 0013 1954

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

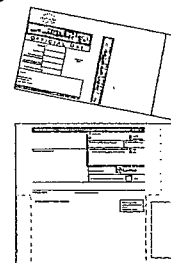
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

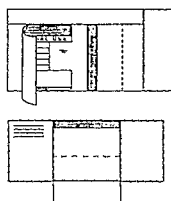
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0013 1961

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

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number 7110 6605 9590 0013 1961	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No E. 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

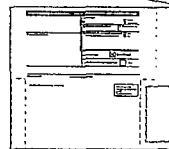
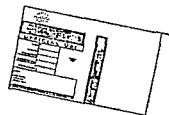
UNITED STATES POSTAL SERVICE



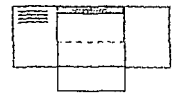
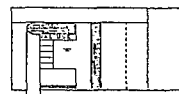
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

1 SEPARATE AT PERFORATION



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



Batch #: 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



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

7110 6605 9590 0013 2005

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

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

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

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2: Article Number

7110 6605 9590 0013 2005

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

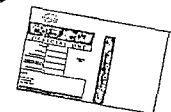
B. Received by (Printed Name) C. Date of Delivery

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

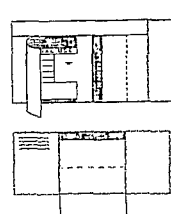
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2: Article Number

7110 6605 9590 0013 2005

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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

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

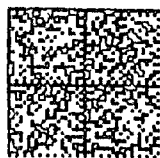
ConocoPhillips

7110 6605 9590 0013 4085

FWD

WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN
PARKER, AZ 85344

Delivered
10/21/10
Delivered
10/21/10
Delivered
10/21/10



UNITED STATES
02 1R
0006557
MAILED FI

Remailed
10/4/10
OK



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

7110 6605 9590 0013 4085

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

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

WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN
PARKER, AZ 85344

PS Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
1 7110 6605 9590 0013 4085	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM IRVIN LAYLAND 33957 E SMOKETREE LN PARKER, AZ 85344	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

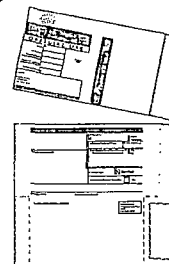
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

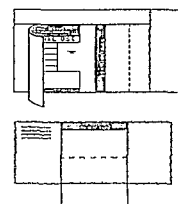
3

↑ LIFT HERE

1 SEPARATE AT PERFORATION



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





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 2012

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

sent To

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

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number

7110 6605 9590 0013 2012

1. Article Addressed to:

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

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 2012

1. Article Addressed to:

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES enter delivery address below: ☒ No

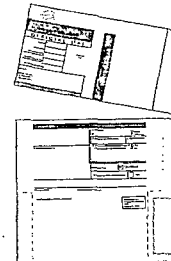
3. Service Type

☒ Certified

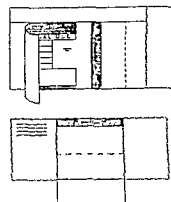
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



3

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

LIFT HERE



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

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

WILLIAM LOUIS DAVANT
PO BOX 214
BLESSING, TX 77419

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

Code: Allocation Project - D.Howell



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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2029	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM LOUIS DAVANT PO BOX 214 BLESSING, TX 77419	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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





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

7110 6605 9590 0013 4092

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

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

WILLIAM MICHAEL MYATT
3610 FARM LAND CT
GRANBURY, TX 76048

Form 3811, August 2006 See Reverse for Instructions

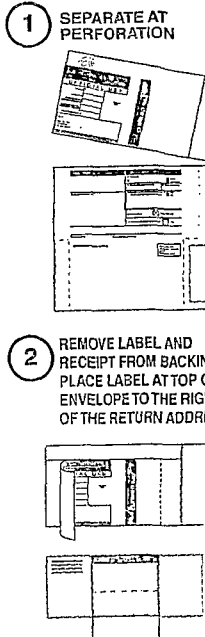


7110 6605 9590 0013 4092

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4092	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM MICHAEL MYATT 3610 FARM LAND CT GRANBURY, TX 76048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 4092	A. Signature X Wm Myatt ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Wm Myatt 9/17/10
WILLIAM MICHAEL MYATT 3610 FARM LAND CT GRANBURY, TX 76048	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 2036

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

ent To

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



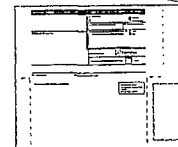
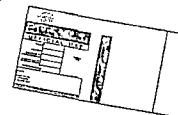
7110 6605 9590 0013 2036

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

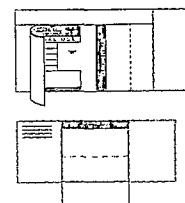
Batch #: 2206
Article #: 71106605959000132036
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2036	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084		
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2036	A. Signature X	☒ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084		
Code: Allocation Project - D.Howell		

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



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

7110 6605 9590 0013 2043

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

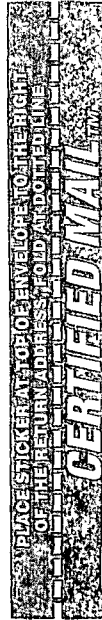
sent To

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2003, See Reverse for Instructions



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 #:

Reorder Form LCD-8 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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

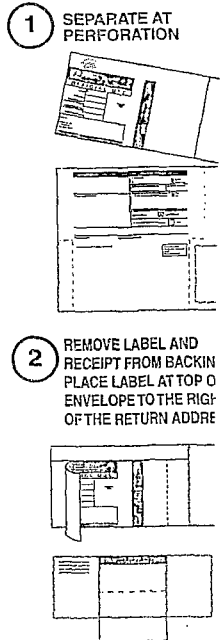
A. Signature ☒ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2 Article Number

7110 6605 9590 0013 2043

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☒ Addressee

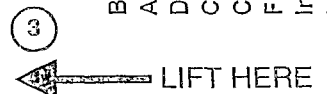
B. Received by (Printed Name) C. Date of Delivery
GEN L. SUTTER **9/4/10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



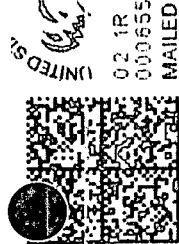
San Juan Building Unit
PO Box 4289
Farmington N.M. 87401-4289

ConocoPhillips

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

7110 6605 9590 0013 2050

7/10/10



12

9/10/10

9/18/10

9/27/10

WILLIAM R ARCHER JR 2003 GRANTOR TR
3021 NORTH EDISON ST
ARLINGTON, VA 22204

- ☐ Not Deliverable
☐ Unable To Forward
☐ Insufficient Address
☐ Mailed

- ☐ Attempted - Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ Box Closed - No Order
☐ Returned For Better Address
☐ Postage Due



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

Postage	7110 6605 9590 0013 3224	
Certified Fee	\$0.44	Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.80	
Restricted Delivery Fee (Endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	

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

WILLIAM SWINFORD
LANIER FAM MNRL CTRL AG MA076
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 #:

2. Article Number

7110 6605 9590 0013 3224

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

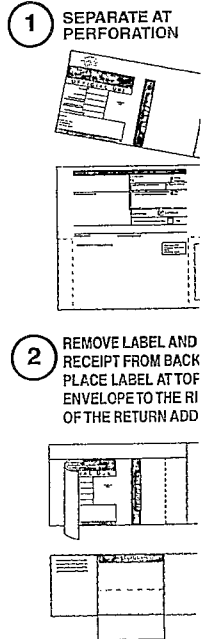
A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0013 3224

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
W. Swinford ☐ Addressee

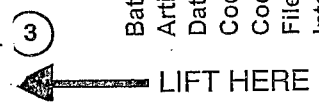
B. Received by (Printed Name) C. Date of Delivery
W. Swinford **SEP 21 2010**

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





7110 6605 9590 0013 2067

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

ent To

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

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

Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

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

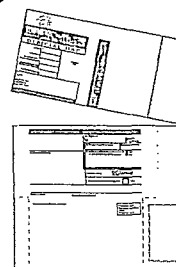
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

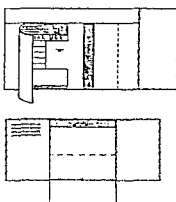
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0013 2074

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

sent To

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

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



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 #:

Reorder Form LCD-8 01/07

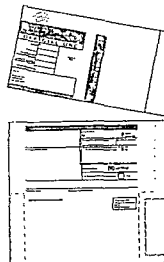
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2074	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM SIEGENTHALER JR 112 S WATSON AVE ARTESIA, NM 88210	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

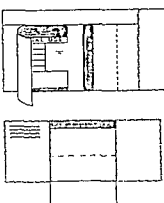
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2074	A. Signature X <i>Bill Siegenthaler</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Bill Siegenthaler</i> <i>9-3</i>
WILLIAM SIEGENTHALER JR 112 S WATSON AVE ARTESIA, NM 88210	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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



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

7110 6605 9590 0013 2081

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

sent To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM SIMPSON TRUST DTD 12-17-79 30 N LASALLE STE 1232 CHICAGO, IL 60602-3344	
Code: Allocation Project - D.Howell	

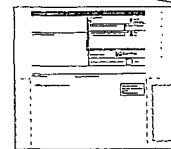
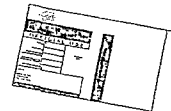
PS Form 3811

2. Article Number 7110 6605 9590 0013 2081	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Clay</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>D. COY</i> <i>9/7/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM SIMPSON TRUST DTD 12-17-79 30 N LASALLE STE 1232 CHICAGO, IL 60602-3344	
Code: Allocation Project - D.Howell	

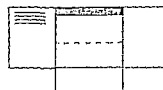
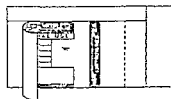
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 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



7110 6605 9590 0013 2098	
Postage	\$
Certified Fee	\$1.05
Return Receipt Fee (Indorsement Required)	\$2.80
Restricted Delivery Fee (Indorsement Required)	\$2.30
Total Postage & Fees	\$6.15

Postmark Here

Code: Allocation Project - D.Howell

ent To

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

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

Form 3811, August 2006 See Reverse for Instructions



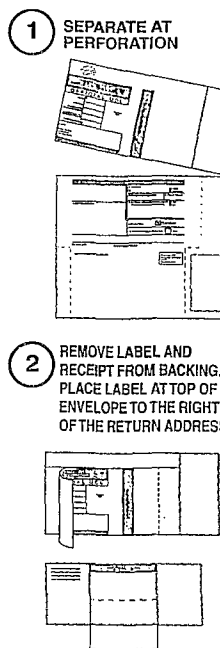
7110 6605 9590 0013 2098

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 #:

2. Article Number	
7110 6605 9590 0013 2098	
1. Article Addressed to:	
WILLIAM W BRAMLETT PO BOX 132255 SPRING, TX 77393	
Code: Allocation Project - D.Howell	

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



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

Reorder Form LCD-8 Rev. 01/07

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

3

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



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

7110 6605 9590 0013 2104

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

ent To

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

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8 Rev. 01/07

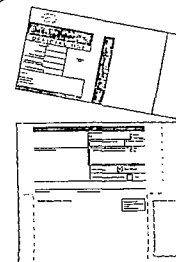
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2104		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
WILLIAM WARREN COOPER 233 LAZY HOLLOW LN LIVINGSTON, TX 77351		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

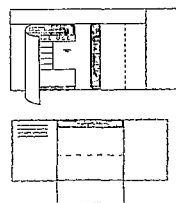
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2104		A. Signature X <i>W.W. Cooper</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>W.W. Cooper</i>	C. Date of Delivery <i>9-16-10</i>
WILLIAM WARREN COOPER 233 LAZY HOLLOW LN LIVINGSTON, TX 77351		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

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



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	\$	\$6.15

Postmark Here

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0013 2111

1. Article Addressed to:
WILLIAMS PRODUCTION COMPANY
ATTN: BARBARA BURNETT
PO BOX 3102
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

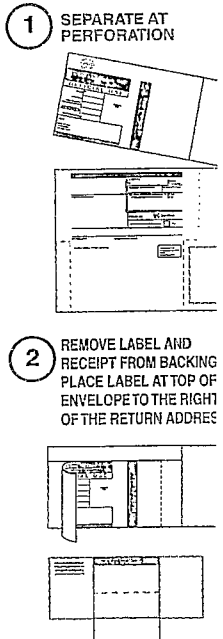
A. Signature
X ☐ Agent
☐ Addressee

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 2111

1. Article Addressed to:
WILLIAMS PRODUCTION COMPANY
ATTN: BARBARA BURNETT
PO BOX 3102
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 2128

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

ent To

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

WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



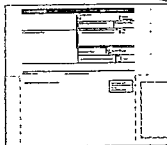
7110 6605 9590 0013 2128

WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

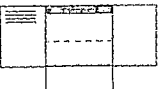
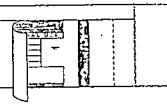
Batch #: 2206
Article #: 71106605959000132128
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2128	A. Signature X ☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2128	A. Signature X <i>Malton</i> ☐ Agent ☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 9/12/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	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 #:



7110 6605 9590 0013 2142

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

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4WINTERGREEN ENERGY CORP
ROCKWALL EXEC CENTER
500 TURTLE COVE STE 120
ROCKWALL, TX 75087

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2142

WINTERGREEN ENERGY CORP
ROCKWALL EXEC CENTER
500 TURTLE COVE STE 120
ROCKWALL, TX 75087Batch #: 2206
Article #: 71106605959000132142
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 2142

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

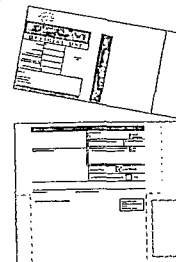
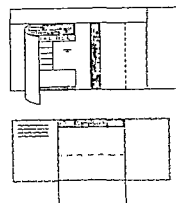
C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes1 SEPARATE AT
PERFORATION2 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 2142

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

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? ☐ YesIf YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

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

3



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

7110 6605 9590 0013 2135

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

ent To

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



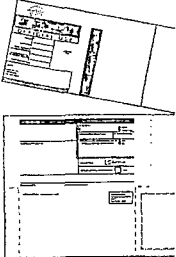
7110 6605 9590 0013 2135

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

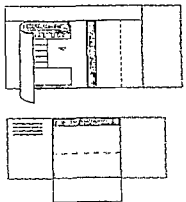
Batch #: 2206
Article #: 71106605959000132135
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2135	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WINDOM ROYALTIES LLC PO BOX 660082 DALLAS, TX 75266-0082	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2135	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) SEP 0 7 2010 C. Date of Delivery
WINDOM ROYALTIES LLC PO BOX 660082 DALLAS, TX 75266-0082	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3



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

7110 6605 9590 0013 2159

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

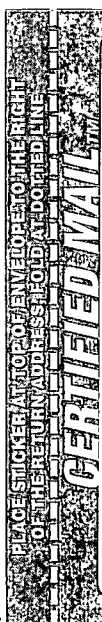
ent To

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

WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2159

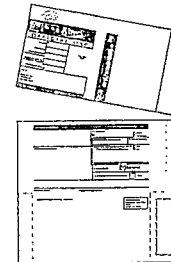
WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

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

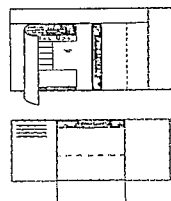
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2159	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WOODBINE FINANCIAL CORP PO BOX 52296 TULSA, OK 74152	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

1 SEPARATE AT PERFORATION

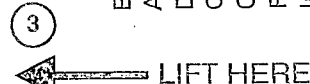


2 REMOVE LABEL AND RECEIPT FROM BACKING
PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2159	A. Signature X <i>Valerie K...</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WOODBINE FINANCIAL CORP PO BOX 52296 TULSA, OK 74152	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
Net Postage and Fees \$1.05 \$2.80 \$2.30 \$0.00 \$6.15

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

Woolley Family Trust DTD 3/2/2005
3900 CONNECTICUT APT 101-G
WASHINGTON, DC 20008

Form 3811, August 2005 See Reverse for Instructions



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 #:

2. Article Number

7110 6605 9590 0013 2166

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

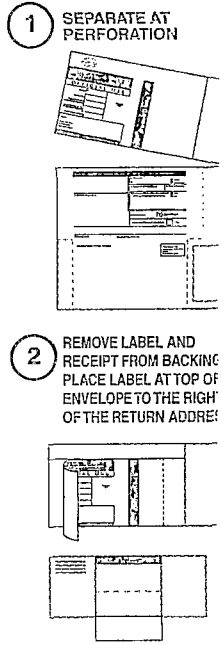
B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0013 2166

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 8/27/10

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



7110 6605 9590 0013 2173

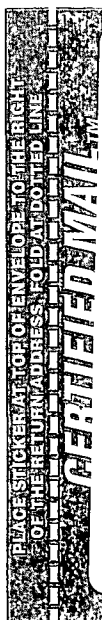
Postage	\$		Postmark Here
Certified Fee	\$1.05		
Return Receipt Fee (Endorsement Required)	\$2.80		
Restricted Delivery Fee (Endorsement Required)	\$2.30		
Total Postage & Fees	\$6.15		

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

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

2. Article Number
7110 6605 9590 0013 2173

1. Article Addressed to:
WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
1260 PIN OAK RD STE 200
KATY, TX 77494

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

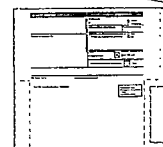
B. Received by (Printed Name) C. Date of Delivery

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

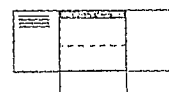
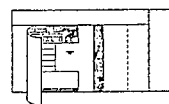
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0013 2173

1. Article Addressed to:
WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
1260 PIN OAK RD STE 200
KATY, TX 77494

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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



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

7110 6605 9590 0013 2180

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

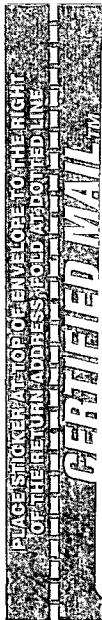
Postmark Here

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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

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 ☐ Agent ☒ Addressee
X

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

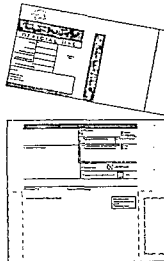
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

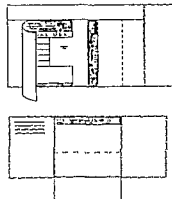
4. Restricted Delivery? (Extra Fee) ☐ Yes

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 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 ☐ Agent ☒ Addressee
X Harry Scott

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

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 #:



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

7110 6605 9590 0013 2197

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

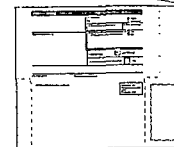
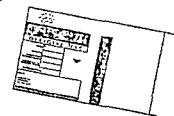
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2197	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
XTO ENERGY INC ATTN: MR. MIKE BLISSIT 810 HOUSTON ST FORT WORTH, TX 76102-6298	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

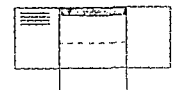
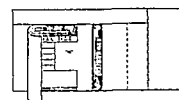
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2197	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
XTO ENERGY INC ATTN: MR. MIKE BLISSIT 810 HOUSTON ST FORT WORTH, TX 76102-6298	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



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

3

LIFT HERE



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

7110 6605 9590 0013 2203

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

Postmark
Here

sent To

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

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

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

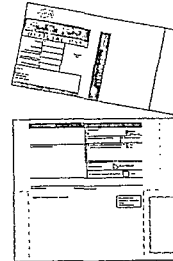
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2203	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
YELLOW QUEEN URANIUM COMPANY 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	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

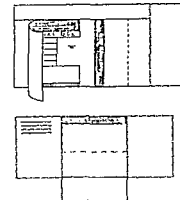
Code: Allocation Project - D.Howell

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 ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2203	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
YELLOW QUEEN URANIUM COMPANY 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	<i>M. Noadston</i> <i>9/4/10</i>
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2206
Article #: 71106605959000132203
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



LIFT HERE



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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



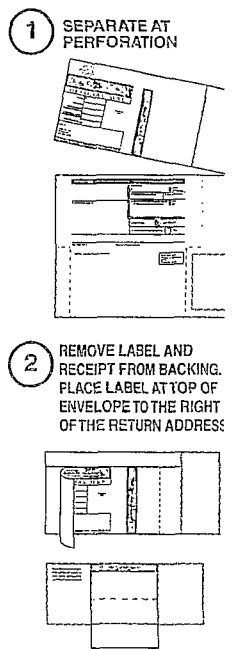
7110 6605 9590 0013 1879

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 #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1879	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILCO PROPERTIES INC P O BOX 600789 DALLAS, TX 75360-0789	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1879	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILCO PROPERTIES INC P O BOX 600789 DALLAS, TX 75360-0789	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 1886

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

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

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

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1886

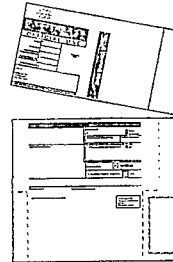
WILLADEAN HIRSCH
14143 W DESERT GLEN DR
SUN CITY WEST, AZ 85375

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

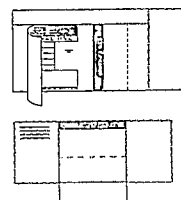
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1886	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLADEAN HIRSCH 14143 W DESERT GLEN DR SUN CITY WEST, AZ 85375	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



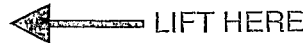
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1886	A. Signature X <i>Willadean Hirsch</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery W. Hirsch 9-10-10
WILLADEAN HIRSCH 14143 W DESERT GLEN DR SUN CITY WEST, AZ 85375	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0013 1893

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

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

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

Code: Allocation Project - D.Howell



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 #:

Form 3800, August 2009 See Reverse for Instructions

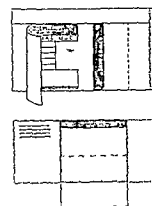
Reorder Form LCD-81 .01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: WILLIAM B HARDIE SR JANE HARDIE, TUSTEE 1065 LOS JARDINES EL PASO, TX 79912-1942	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0013 1893	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Hardie</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Hardie</i> <i>9/1</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: 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 #:



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

7110 6605 9590 0013 1909

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



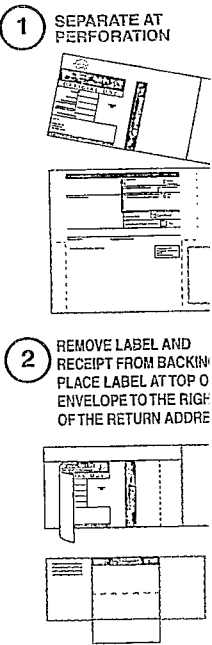
7110 6605 9590 0013 1909

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

Batch #: 2202
Article #: 711066059590000131909
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

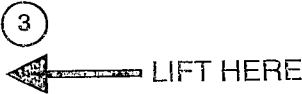
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1909	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM B LANDSHEFT 15880 S PEORIA RT 6 BIXBY, OK 74008-5221	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1909	A. Signature X <i>William B Landsheft</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>William B Landsheft</i> <i>9-10</i>
WILLIAM B LANDSHEFT 15880 S PEORIA RT 6 BIXBY, OK 74008-5221	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 711066059590000131909
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Use Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0013 1916

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

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

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

Form 3800, August 2006, GSA Reverse for Instructions

Code: Allocation Project - D.Howell

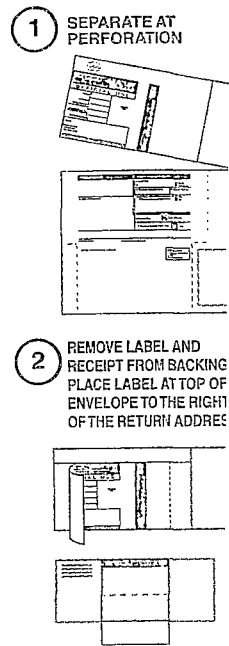


7110 6605 9590 0013 1916

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

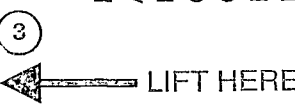
Batch #: 2202
Article #: 71106605959000131916
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 1916	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: 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 Cheryl Good B. Received by (Printed Name) Cheryl 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 #:





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

7110 6605 9590 0013 1923

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1923

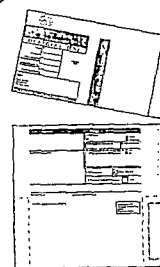
WILLIAM CHARLES BANZHOF
2186 CAMINO CHRISTINA
ALPINE, CA 91901-3223

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

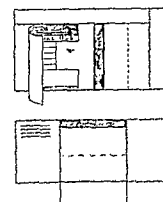
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1923	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM CHARLES BANZHOF 2186 CAMINO CHRISTINA ALPINE, CA 91901-3223	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1923	A. Signature X <i>Pamela Banzhof</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Pamela Banzhof</i> 9-9-10
WILLIAM CHARLES BANZHOF 2186 CAMINO CHRISTINA ALPINE, CA 91901-3223	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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

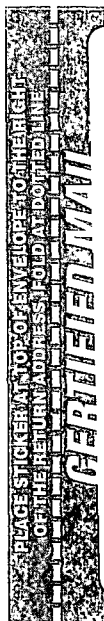
7110 6605 9590 0013 1930

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1930

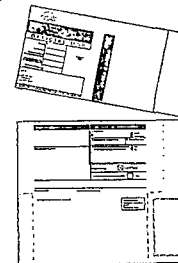
WILLIAM CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2202
Article #: 71106605959000131930
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

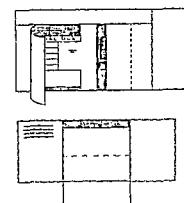
Reorder Form LCD-B-100 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1930	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM CLAY MCCORD PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1930	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM CLAY MCCORD PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 71106605959000131930
Date/Time: 8/31/2010 1:28:49 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



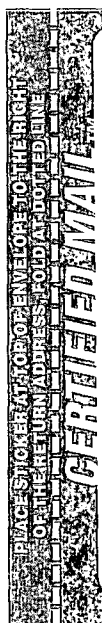
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0013 1978

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

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

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

Code: Allocation Project - D.Howell



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 #:

Form 3800, August 2008 Rev. 1 See Reverse for Instructions

2. Article Number
7110 6605 9590 0013 1978

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

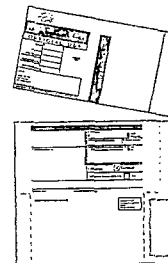
B. Received by (Printed Name) C. Date of Delivery

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

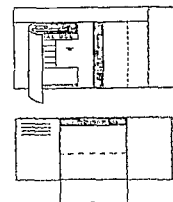
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0013 1978

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X *William Fielding Davenport*

B. Received by (Printed Name) C. Date of Delivery
William Fielding Davenport *9-9-10*

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 1985

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



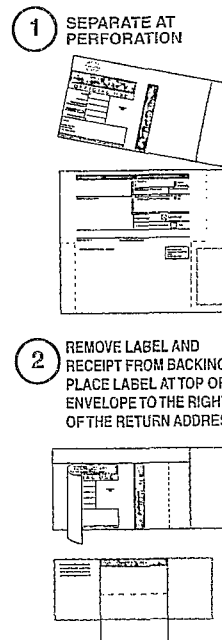
7110 6605 9590 0013 1985

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1985	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM G WEBB ESTATE JOHN G TAYLOR, IND. EXEC. 1401 ELM STREET, SUITE 3435 DALLAS, TX 75202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1985	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM G WEBB ESTATE JOHN G TAYLOR, IND. EXEC. 1401 ELM STREET, SUITE 3435 DALLAS, TX 75202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0013 1992

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

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

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1992

1. Article Addressed to:

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

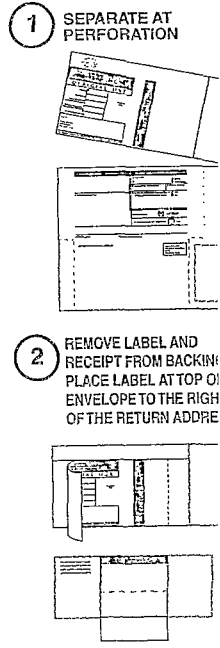
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0013 1992

1. Article Addressed to:

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *William Hauser*

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

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

