



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	

sent To
W. A. KERNAGHAN
6650 CHARLESTOWN DR.
DALLAS, TX 75230-1730
Post, Apt. No.,
PO Box No.
City, State, Zip+4

Form 3800, August 2005 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

1. Article Addressed to:

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

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

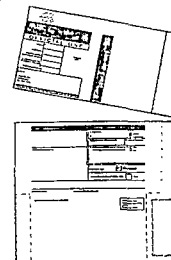
3. Service Type

☒ Certified

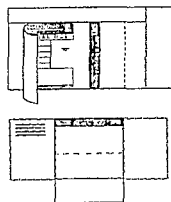
4. Restricted Delivery? (Extra Fee)

☐ 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 1725

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2202
Article #: 71106605959000131725
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 Insurance Coverage Provided)
For more 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	

Post To
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



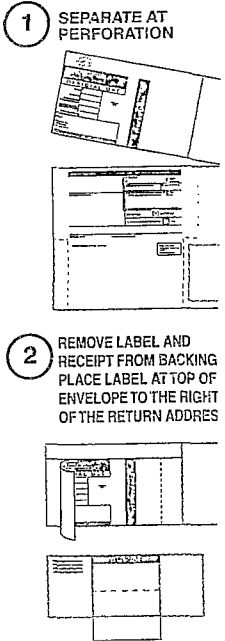
7110 6605 9590 0013 1695

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



2. Article Number 7110 6605 9590 0013 1695	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dawn Hernandez</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Dawn Hernandez 8/31/10</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 #: 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
Domestic 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.
ity, 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-811 rev. 01/07

2. Article Number
7110 6605 9590 0013 1701

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

COMPLETE THIS SECTION ON DELIVERY

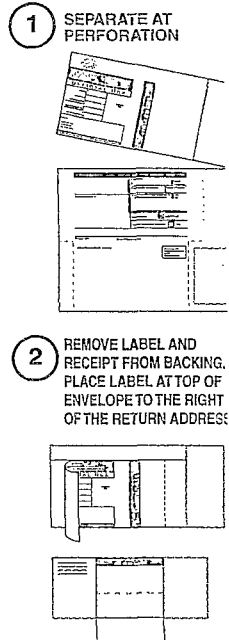
A. Signature
X ☐ Agent
☐ Addressee

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 1701

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Charles D. David 8-30-10

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2202
Article #: 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 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	

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

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1718

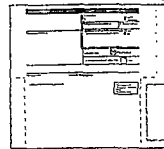
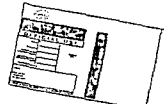
W L JENNINGS
PO BOX 117
ABILENE, TX 79604

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

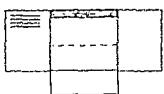
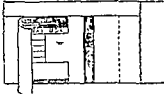
Reorder Form LCD-8 v. 01/07

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

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
(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	

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



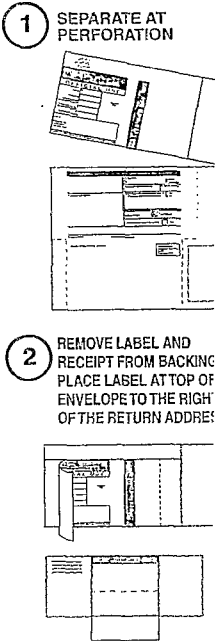
7110 6605 9590 0013 1732

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 <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>W.W. LA FORCE JR</i> <i>09/07/2010</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: 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
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



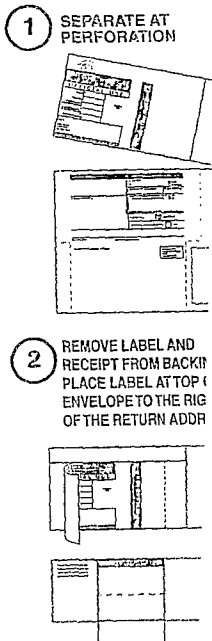
7110 6605 9590 0013 1749

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	



2. Article Number 7110 6605 9590 0013 1749	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>714K13 2011 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: 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 #:



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

7110 6605 9590 0013 1756

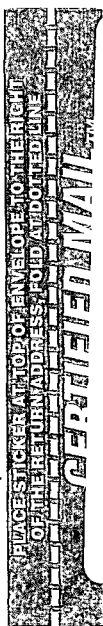
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Indorsement Required)	\$2.30	
Restricted Delivery Fee (Indorsement Required)	\$0.00	
Total Postage & Fees	\$ \$6.15	

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1756

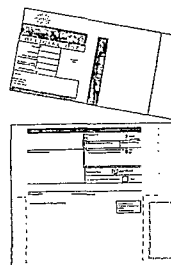
WALTER R & FLORENCE L GIBSON TRUST
2421 FREMONT BLVD
FLAGSTAFF, AZ 86001

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

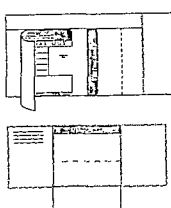
Reorder Form LCD-81 01/07

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	
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 1756	A. Signature X <i>Michael 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	
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

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



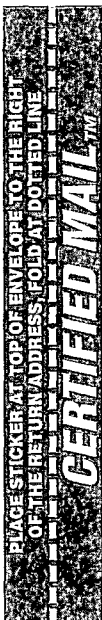
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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	\$ 00.00	

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

\$5.54
WANDA H APODACA TR DTD 07/10/07
PO BOX 534
LAFAYETTE, CO 80026

PS Form 3800, August 2006 See Reverse for Instructions



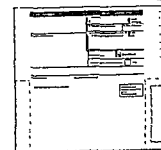
7110 6605 9590 0013 3194

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

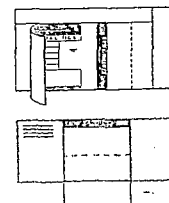
Batch #: 2269
Article #: 71106605959000133194
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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

1 SEPARATE AT PERFORATION



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



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

3



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 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 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: WASATCH ENERGY LLC PO BOX 699 FARMINGTON, UT 84025	
Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

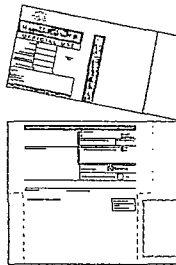
UNITED STATES POSTAL SERVICE



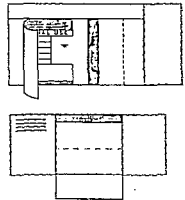
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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 #: 2202
Article #: 71106605959000131763
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 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 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 #:

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	

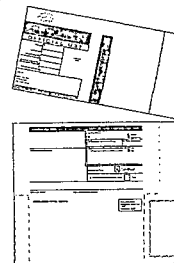
PS Form 3811

2. Article Number 7110 6605 9590 0013 1770	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>[Signature]</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: WATERS S DAVIS III C/O TRUST MIN SEC 1049308 P O BOX 99084 FORT WORTH, TX 76199-0084 Code: Allocation Project - D.Howell	

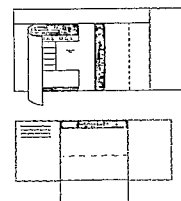
PS Form 3811

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.



3

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

LIFT HERE



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

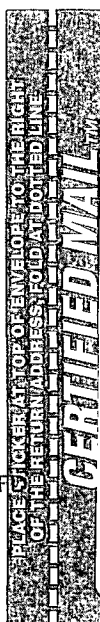
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1787

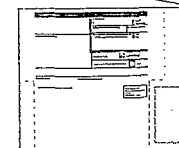
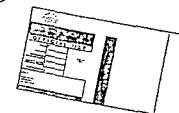
WAYNE & JO ANNE MOORE CHARITABLE FD
403 N MARIENFELD
MIDLAND, TX 79701

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

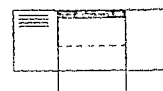
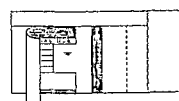
Reorder Form LCD-8 Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: WAYNE & JO ANNE MOORE CHARITABLE FD 403 N MARIENFELD MIDLAND, TX 79701	

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 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 L</i> 9-27-10 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 Code: Allocation Project - D.Howell
1. Article Addressed to: 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 #:

3

← LIFT HERE



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Postage Paid 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	

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

PS Form 3800, August 2006 See Reverse for Instructions



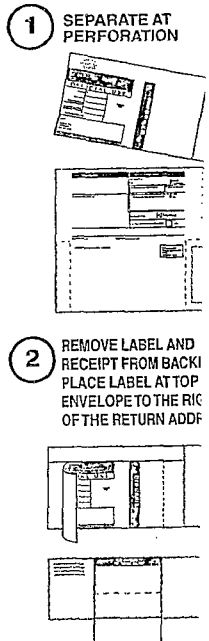
7110 6605 9590 0013 4061

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 v. 01/07

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



PS

2. Article Number 7110 6605 9590 0013 4061	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Cheryl Good</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Cheryl Good</i> <i>9/14/10</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: 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 #:



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 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	

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

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1794

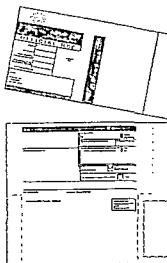
WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

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

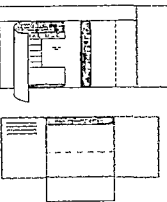
Reorder Form LCD-8
Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1794	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WENDY DALE JOHNSON PO BOX 627 DICKINSON, TX 77539	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 1794	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 13 2010
WENDY DALE JOHNSON PO BOX 627 DICKINSON, TX 77539	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 #: 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
(First-Class Mail Only; No Insurance Coverage Provided)
Delivery Information Visit Your Website at www.usps.com

7110 6605 9590 0013 4078

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

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

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 7110 6605 9590 0013 4078	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 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

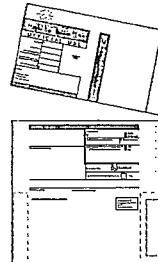
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

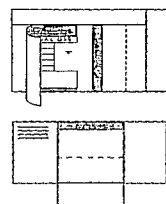
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal 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	

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

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

Form 3800, August 2006 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

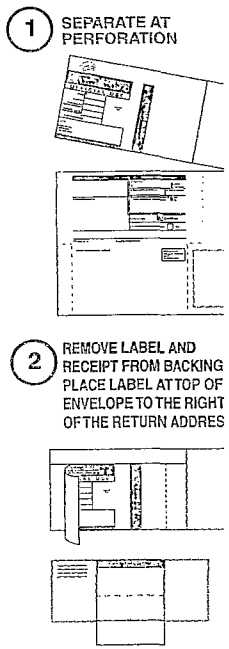
Batch #: 2202
Article #: 71106605959000131800
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1800	A. Signature X Matthew Howell ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Matthew Howell 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

PS Form 3811

Domestic Return Receipt



Batch #: 2202
Article #: 71106605959000131800
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 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

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



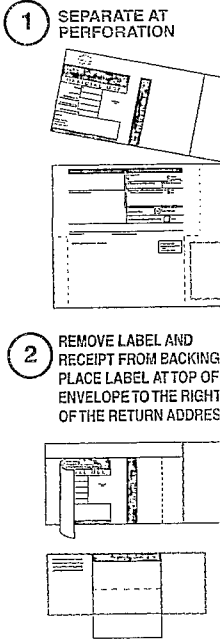
7110 6605 9590 0013 1817

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1817	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WESLEY WEST MINERALS LTD C/O FROST NTL BNK LCKBX DEPT PO BOX 1141 HOUSTON, TX 77251-1141	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 1817	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 07 2010
WESLEY WEST MINERALS LTD C/O FROST NTL BNK LCKBX DEPT PO BOX 1141 HOUSTON, TX 77251-1141	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 #: 71106605959000131817
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

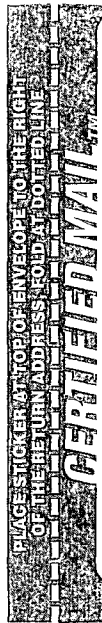
7110 6605 9590 0013 1824

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1824

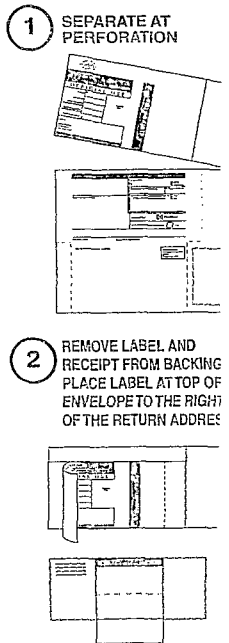
WESTMEATH CORP
P O BOX 711
FARMINGTON, NM 87499-0711

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



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 #:



7110 6605 9590 0013 1831

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

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

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

Code: Allocation Project - D.Howell



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	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

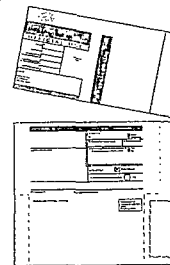
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1831		A. Signature X Karen LaRosa ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
WHITE CREDIT TRUST AUG 24 2006 C/O BROWN ADVISORY 7475 WISCONSIN AVE STE 800 BETHESDA, MD 20814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

Code: Allocation Project - D.Howell

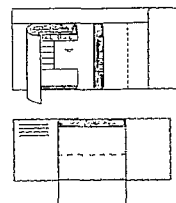
PS Form 3811

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 #: 2202
Article #: 71106605959000131831
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
(U.S. Mail Only. No Insurance Coverage Provided.)
For information visit our website at www.usps.com

7110 6605 9590 0013 1848

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

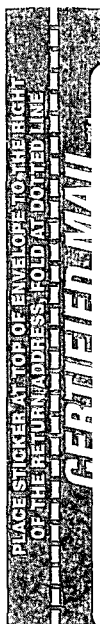
sent To

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

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

Form 3800, August 2006 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

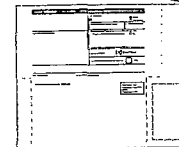
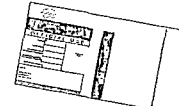
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1848	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE RIVER ROYALTIES LLC 4194 SOUTH VALENTIA STREET DENVER, CO 80237-1746	D. Is delivery address different from item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

Code: Allocation Project - D.Howell

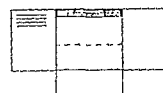
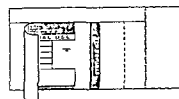
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1848	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE RIVER ROYALTIES LLC 4194 SOUTH VALENTIA STREET DENVER, CO 80237-1746	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	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 #: 2202
Article #: 71106605959000131848
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 more information visit our website at www.usps.com

7110 6605 9590 0013 1855

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

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

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

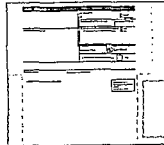
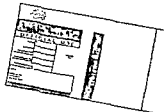
Batch #: 2202
Article #: 71106605959000131855
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

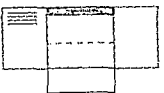
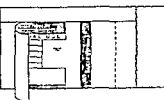
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1855	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE STAR ENERGY INC P. O. BOX 51108 MIDLAND, TX 79710	D. Is delivery address different from item 1? ☐ Yes If YES 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 1855	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WHITE STAR ENERGY INC P. O. BOX 51108 MIDLAND, TX 79710	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

Code: Allocation Project - D.Howell

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

3

LIFT HERE



7110 6605 9590 0013 1862	
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

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

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

Form 3800, August 2009 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	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

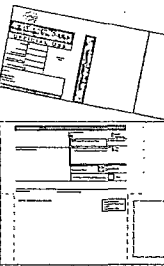
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

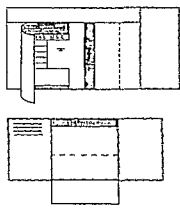
3

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





7110 6605 9590 0013 3217

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

ent To

5.54

WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

Form 3800, August 2009 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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3217	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

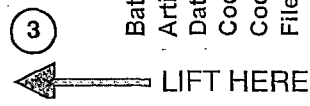
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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 #:





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

WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

PS Form 3800, August 2006 See Reverse for Instructions

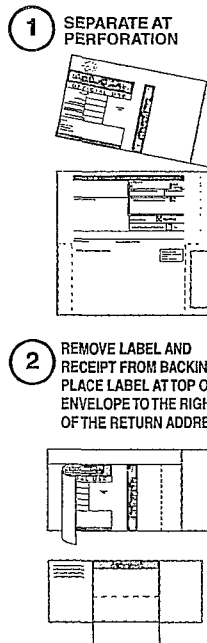


7110 6605 9590 0013 3729

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 7110 6605 9590 0013 3729	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILFRED REEVES JOHNSON PO BOX 7507 THE WOODLANDS, TX 77387	



PS Form 3811

Domestic Return Receipt

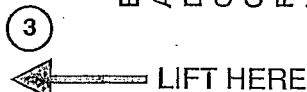
UNITED STATES POSTAL SERVICE

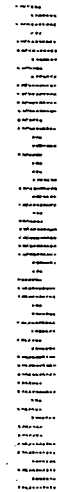


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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 #:







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

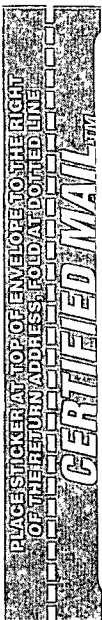
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$6.15	

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1954	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WILLIAM D NORDHAUS C/O RBC DAIN RAUSCHER 6301 UPTOWN BLVD NE STE 100 ALBUQUERQUE, NM 87110	D. Is 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

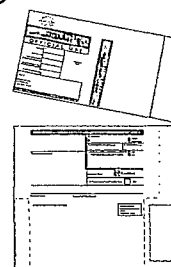
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

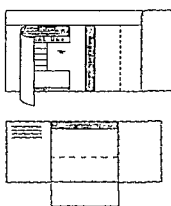
3

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
(Certified 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	

Post 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

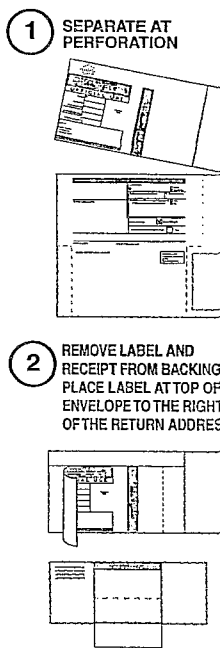


7110 6605 9590 0013 1961

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1961	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM D RAWSON PO BOX 130443 HOUSTON, TX 77219-0443	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
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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



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 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

Code: Allocation Project - D.Howell



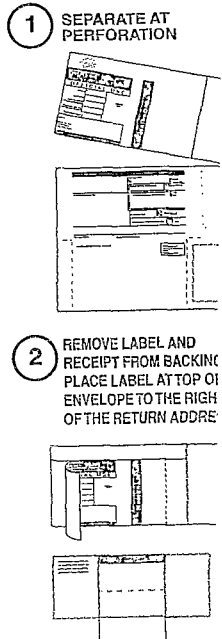
7110 6605 9590 0013 2005

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 #:

Reorder Form LCD-8101/07

2. Article Number 7110 6605 9590 0013 2005	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM HOFFMAN C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 2005	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM HOFFMAN C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	
Code: Allocation Project - D.Howell	

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

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

ConocoPhillips

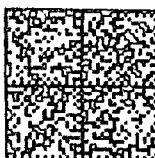
7110 6605 9590 0013 4085

FWD



WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN
PARKER, AZ 85344

*Returned
9/25/10
Delivered by
Express*



UNITED STATES
02 1R
0006557
MAILED FI

*Remailed
10/4/10
DN*



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 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

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 7110 6605 9590 0013 4085	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



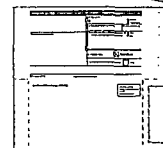
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

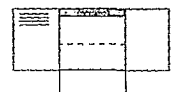
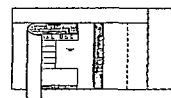
Batch #: 2273
Article #: 71106605959000134085
Date/Time: 9/14/2010 3:35:39 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

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
(Certified 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	

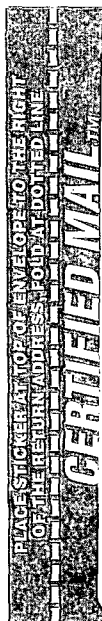
sent To

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

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



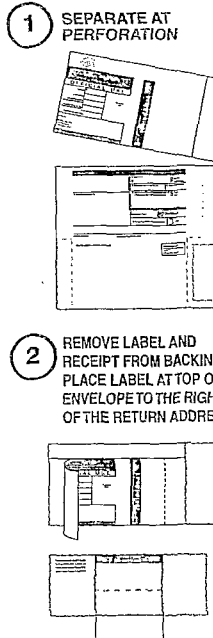
7110 6605 9590 0013 2012

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 #:

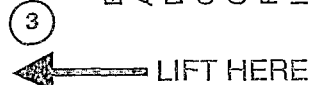
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2012	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM J HINES III PO BOX 873402 WASILLA, AK 99687	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 2012	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM J HINES III PO BOX 873402 WASILLA, AK 99687	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 #: 71106605959000132012
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0013 2029

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

ent To

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

WILLIAM LOUIS DAVANT
PO BOX 214
BLESSING, TX 77419

Form 3800, August 2006 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	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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

3
LIFT HERE



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	

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

WILLIAM MICHAEL MYATT
3610 FARM LAND CT
GRANBURY, TX 76048

PS Form 3800, August 2006 See Reverse for Instructions



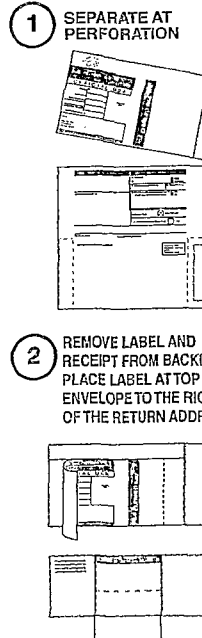
7110 6605 9590 0013 4092

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 #:

Reorder Form LCD-8 Rev. 01/07

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 <i>Wm Myatt</i> ☒ 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

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 Insurance Coverage Provided)
For delivery information visit our website 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 2009 PSN 7530-01-000-9000 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 #:

Reorder Form LCD-8 v. 01/07

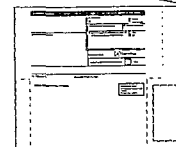
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2036	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item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

Code: Allocation Project - D.Howell

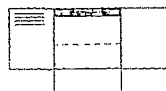
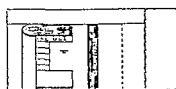
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2036	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 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 #: 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
Certified Mail Only, No Insurance Coverage Provided
For more information, visit our website at www.usps.com

7110 6605 9590 0013 2043

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

Postmark
Here

Code: Allocation Project - D.Howell

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

Form 3800, August 2006 See Reverse for Instructions



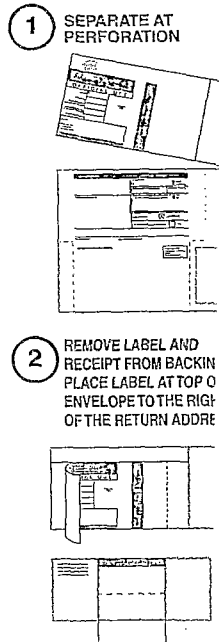
7110 6605 9590 0013 2043

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		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2043		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
WILLIAM P SUTTER REVOCABLE TRUST 312 BRIDLE PATH CIRCLE OAK BROOK, IL 60523		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 2043		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
WILLIAM P SUTTER REVOCABLE TRUST 312 BRIDLE PATH CIRCLE OAK BROOK, IL 60523		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 #: 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 NM 87499-4289

Conocophips

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

7110 6605 9590 0013 2050

7/10/10



721

9/18/10

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
☐ Insufficiently Addressed

- ☐ 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

7110 6605 9590 0013 3224	
Postage	
Certified Fee	\$0.44
Return Receipt Fee (Endorsement Required)	\$2.80
Restricted Delivery Fee (Endorsement Required)	\$2.30
Total Postage & Fees	\$0.00
Total \$5.54	
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 ☒ Addressee

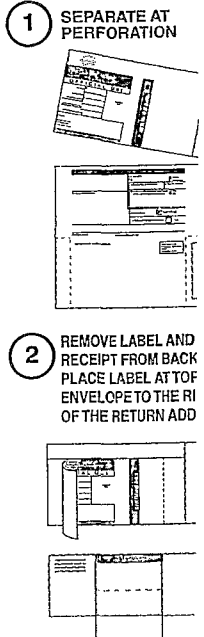
X

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 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 ☐ Addressee

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

SEP 21 2010

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

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 #:



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

7110 6605 9590 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	\$	\$6.15	

sent To

Street, Apt. No.,
PO Box No.,
City, 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	
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 #: 71106605959000132067
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
(Use 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		\$4.05	
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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



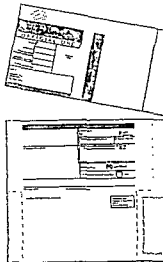
7110 6605 9590 0013 2074

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

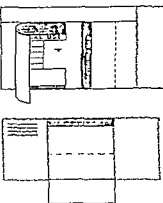
Batch #: 2206
Article #: 71106605959000132074
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

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

Ant To

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



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

1. Article Addressed to:

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

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

PS Form 3811

2. Article Number

7110 6605 9590 0013 2081

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X D Co Y

B. Received by (Printed Name) C. Date of Delivery
D. CO Y 9/7/10

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

3. Service Type ☒ Certified

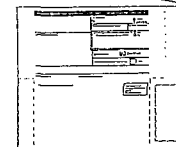
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

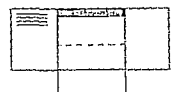
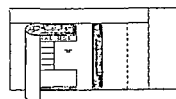
PS Form 3811

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



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 2098

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

sent To

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

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2098	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIAM W BRAMLETT PO BOX 132255 SPRING, TX 77393	D. Is 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 #: 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
(Certified Mail Only; No Insurance Coverage Provided)
For more 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

PS 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 #:

2. Article Number

7110 6605 9590 0013 2104

1. Article Addressed to:

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

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 2104

1. Article Addressed to:

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

W. W. Cooper

☐ Agent

☐ Addressee

B. Received by (Printed Name)

W. W. Cooper

C. Date of Delivery

9-16-10

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

If YES enter delivery address below:

☐ No

3. Service Type



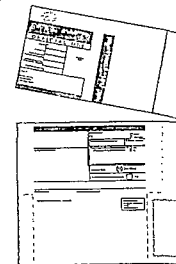
Certified

4. Restricted Delivery? (Extra Fee)

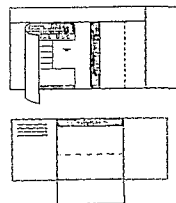


Yes

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 #: 71106605959000132104
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 2111

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

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-8-01/07

2. Article Number
7110 6605 9590 0013 2111

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

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

2. Article Number
7110 6605 9590 0013 2111

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X B. Burnett

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

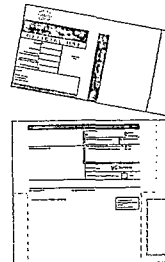
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

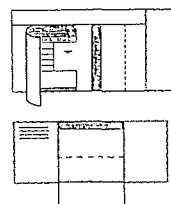
4. Restricted Delivery? (Extra Fee) ☐ Yes

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

7110 6605 9590 0013 2128

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	

ent To

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

WILLIS R. MOULTON
ONE CRESTHILL DRIVE
BOONTON, NJ 7005

Form 3800, August 2006 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 #:

Reorder Form LCD-8 Rev. 01/07

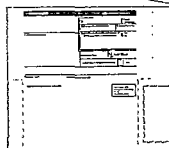
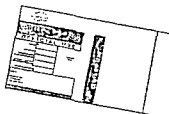
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2128	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WILLIS R. MOULTON ONE CRESTHILL DRIVE BOONTON, NJ 7005	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

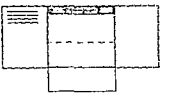
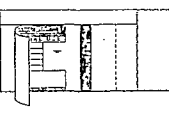
2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2128	A. Signature X <i>Moulton</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/10/10
WILLIS R. MOULTON ONE CRESTHILL DRIVE BOONTON, NJ 7005	D. Is delivery address different from 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 #: 71106605959000132128
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 2142

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

WINTERGREEN 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 75087

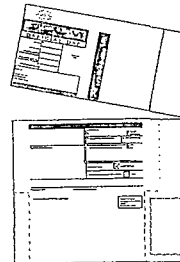
Batch #: 2206
Article #: 71106605959000132142
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

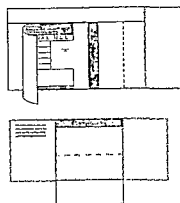
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2142		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
WINTERGREEN ENERGY CORP ROCKWALL EXEC CENTER 500 TURTLE COVE STE 120 ROCKWALL, TX 75087		D. Is delivery address 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 2142		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
WINTERGREEN ENERGY CORP ROCKWALL EXEC CENTER 500 TURTLE COVE STE 120 ROCKWALL, TX 75087		SANDY JARECKI 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	

Code: Allocation Project - D.Howell

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



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 2135		
Postage	\$	
Certified Fee	\$1.05	
Return Receipt Fee (Indorsement Required)	\$2.80	
Restricted Delivery Fee (Indorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	
	\$	\$6.15

Postmark Here

ent To

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

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

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



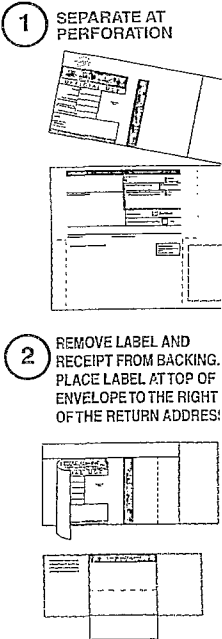
7110 6605 9590 0013 2135

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

Batch #: 2206
Article #: 711066059590000132135
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 2135		A. Signature	☐ Agent ☒ 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? If YES enter delivery address below:	☐ Yes ☒ 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 2135		A. Signature	☐ Agent ☒ 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? If YES enter delivery address below:	☐ Yes ☒ No
Code: Allocation Project - D.Howell		3. Service Type	☒ Certified
		4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2206
Article #: 711066059590000132135
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 Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0013 2159

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

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

WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

Form 3800, August 2006 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 #:

2. Article Number
7110 6605 9590 0013 2159

1. Article Addressed to:
WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

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

2. Article Number
7110 6605 9590 0013 2159

1. Article Addressed to:
WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Val K...*

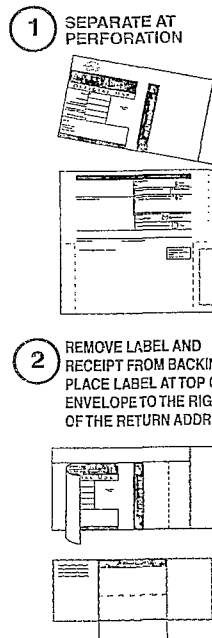
B. Received by (Printed Name) C. Date of Delivery
V. HAWKINS

D. Is 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 #: 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)
Permitted by 39 USC 1103 and 39 CFR 111.1-1.5

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

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

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



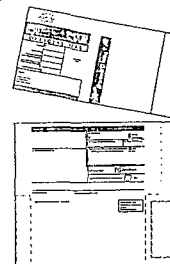
7110 6605 9590 0013 2166

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

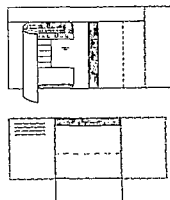
Batch #: 2206
Article #: 71106605959000132166
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2166	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WOOLLEY FAMILY TRUST DTD 3/2/2005 3900 CONNECTICUT APT 101-G WASHINGTON, DC 20008	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 2166	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WOOLLEY FAMILY TRUST DTD 3/2/2005 3900 CONNECTICUT APT 101-G WASHINGTON, DC 20008	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 #: 71106605959000132166
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 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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2173

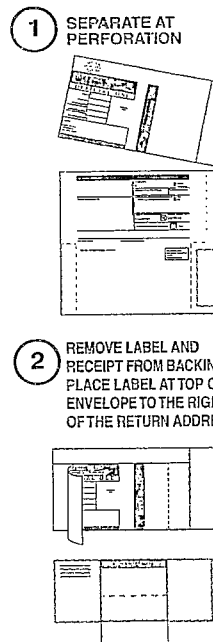
WORTH D WARE JR ESTATE
C/O JERRY DENMAN CPA
1260 PIN OAK RD STE 200
KATY, TX 77494

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2173	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WORTH D WARE JR ESTATE C/O JERRY DENMAN CPA 1260 PIN OAK RD STE 200 KATY, TX 77494	D. Is 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 2173	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
WORTH D WARE JR ESTATE C/O JERRY DENMAN CPA 1260 PIN OAK RD STE 200 KATY, TX 77494	D. Is 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 #: 71106605959000132173
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

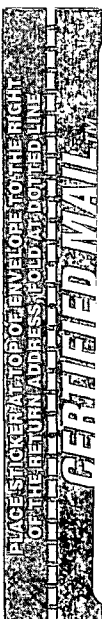




U.S. Postal Service
CERTIFIED MAIL RECEIPT
(This Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

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 \$	\$0.00
Postmark Here	
ent To WWR ENTERPRISES INC C/O PETRO ASSET MANAGENT LLC P O BOX 745 HOBBS, NM 88241	
Form 3800, August 2008, PSN 7530-01-000-9001 See Reverse for Instructions	

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2180

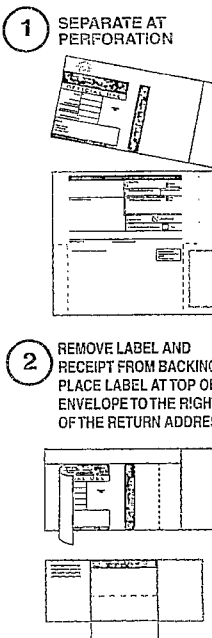
WWR ENTERPRISES INC
C/O PETRO ASSET MANAGENT LLC
P O BOX 745
HOBBS, NM 88241

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

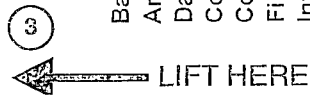
Code: Allocation Project - D.Howell



2. Article Number	
7110 6605 9590 0013 2180	
1. Article Addressed to: WWR ENTERPRISES INC C/O PETRO ASSET MANAGENT LLC P O BOX 745 HOBBS, NM 88241	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature X <i>Harry Scott</i>	☐ Agent ☐ Addressee
B. Received by (Printed Name) <i>L. Scott</i>	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

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	

sent 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 #:

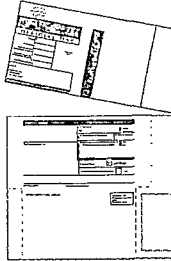
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2197	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
XTO ENERGY INC ATTN: MR. MIKE BLISSIT 810 HOUSTON ST FORT WORTH, TX 76102-6298	D. Is delivery address different from 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

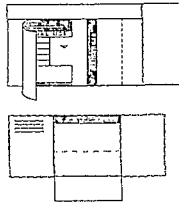
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2197	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
XTO ENERGY INC ATTN: MR. MIKE BLISSIT 810 HOUSTON ST FORT WORTH, TX 76102-6298	D. Is delivery address different from 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



7110 6605 9590 0013 2203	
Postage	\$
Certified Fee	\$1.05
Return Receipt Fee (Indorsement Required)	\$2.80
Restricted Delivery Fee (Indorsement Required)	\$2.30
Total Postage & Fees	\$6.15

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

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

Form 3811, August 2008, PSN 7530-11-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2203

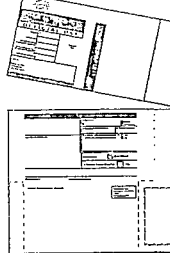
YELLOW QUEEN URANIUM COMPANY
201 AIRPORT DR., STE 19
FARMINGTON, NM 87401

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

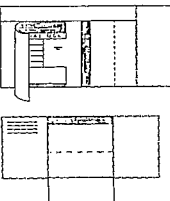
Reorder Form LCD-8 rev. 01/07

2. Article Number	
7110 6605 9590 0013 2203	
1. Article Addressed to:	
YELLOW QUEEN URANIUM COMPANY 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	
Code: Allocation Project - D.Howell	
PS Form 3811	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature ☐ Agent ☒ Addressee	
X	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below:	
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 2203	
1. Article Addressed to:	
YELLOW QUEEN URANIUM COMPANY 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	
Code: Allocation Project - D.Howell	
PS Form 3811	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature ☐ Agent ☒ Addressee	
X	
B. Received by (Printed Name)	C. Date of Delivery
M. Norstrom	9/4/10
D. Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below:	
3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

3



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 1879

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.
city, 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

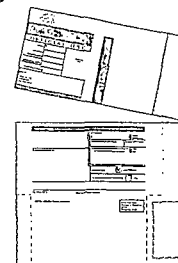
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1879	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
WILCO PROPERTIES INC P O BOX 600789 DALLAS, TX 75360-0789	D. Is delivery address different from item 1? ☐ Yes If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

Code: Allocation Project - D.Howell

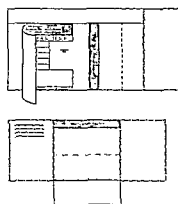
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1879	A. Signature X <i>[Signature]</i>	☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Jeff Dourmny</i>	C. Date of Delivery <i>9/7/10</i>
WILCO PROPERTIES INC P O BOX 600789 DALLAS, TX 75360-0789	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	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 #: 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.,
r PO Box No.
ity, State, Zip+4

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1886

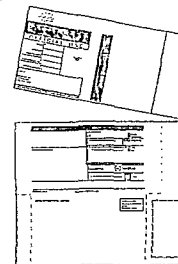
WILLADEAN HIRSCH
14143 W DESERT GLEN DR
SUN CITY WEST, AZ 85375

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

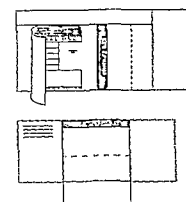
Reorder Form LCD-8 Rev. 01/07

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 <i>W. Hirsch</i> <i>9-10-10</i>
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 #:



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 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



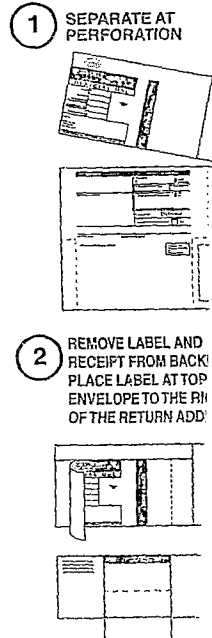
7110 6605 9590 0013 1893

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 2006, See Reverse for Instructions

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
1. Article Addressed to: WILLIAM B HARDIE SR JANE HARDIE, TUSTEE 1065 LOS JARDINES EL PASO, TX 79912-1942 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1893	COMPLETE THIS SECTION ON DELIVERY A. Signature X Hardie ☐ Agent ☐ Addressee B. Received by (Printed Name) Hardie C. Date of Delivery 9/1/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM B HARDIE SR JANE HARDIE, TUSTEE 1065 LOS JARDINES EL PASO, TX 79912-1942 Code: Allocation Project - D.Howell	

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



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 1909

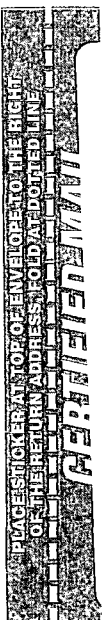
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

Postmark
Here

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 1909

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

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

2. Article Number
7110 6605 9590 0013 1909

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

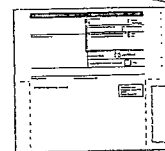
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

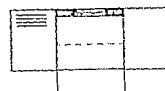
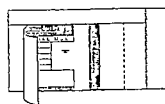
1. Article Addressed to:
WILLIAM B LANDSHEFT
15880 S PEORIA RT 6
BIXBY, OK 74008-5221

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0013 1909

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *William B Landsheft*

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

1. Article Addressed to:
WILLIAM B LANDSHEFT
15880 S PEORIA RT 6
BIXBY, OK 74008-5221

Code: Allocation Project - D.Howell

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

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(For Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 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 2005 See 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1916

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

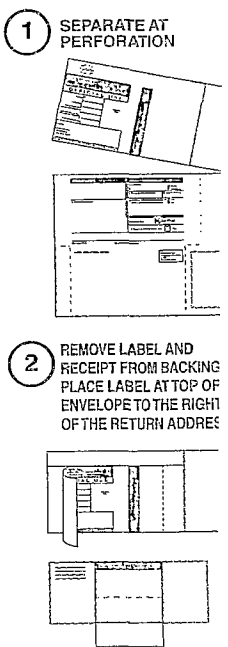
A. Signature ☒ Agent ☐ Addressee
X

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 1916

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
x Cheryl Good

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 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	

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

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

Code: Allocation Project - D.Howell



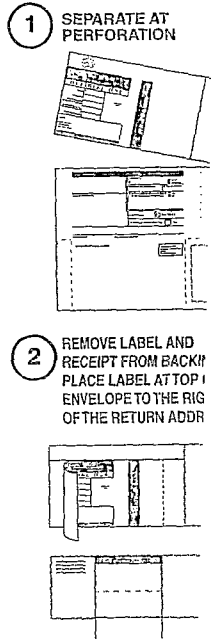
7110 6605 9590 0013 1923

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-811 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 1923	A. Signature X <i>W. M. Banzhof</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Pamela Banzhof</i> <i>9-9-10</i>
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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1930

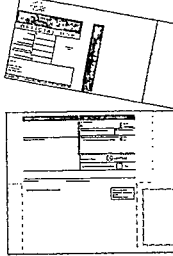
WILLIAM CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

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

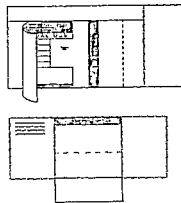
Reorder Form LCD-8 Rev. 01/07

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 <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 07 2010
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 #:



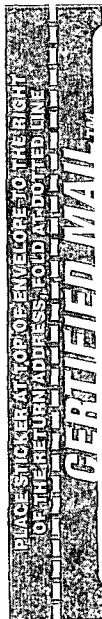
U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0013 1978

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	

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1978

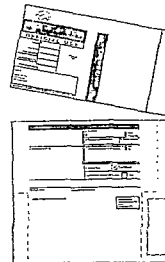
WILLIAM FIELDING DAVENPORT
PO BOX 2465
ALVIN, TX 77512-2465

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

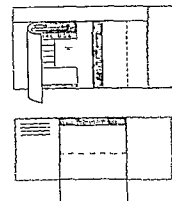
Form 3800, August 2006 See Reverse for Instructions

2 Article Number 7110 6605 9590 0013 1978	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM FIELDING DAVENPORT PO BOX 2465 ALVIN, TX 77512-2465 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2 Article Number 7110 6605 9590 0013 1978	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>William Davenport</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>William Davenport</i> C. Date of Delivery <i>9-9-10</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 FIELDING DAVENPORT PO BOX 2465 ALVIN, TX 77512-2465 Code: Allocation Project - D.Howell	

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



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 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 #: 7110605959000131985
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 1985

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

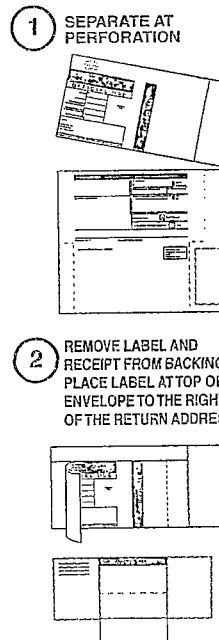
A. Signature ☒ Agent
☒ Addressee

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 1985

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2206
Article #: 7110605959000131985
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 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.
ity, State, Zip+4

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



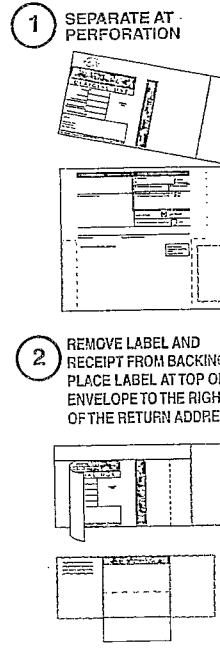
7110 6605 9590 0013 1992

WILLIAM HAUSER
PO BOX 911
MONTICELLO, IN 47960

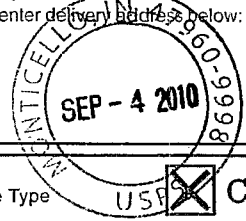
Batch #: 2206
Article #: 71106605959000131992
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 1992	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM HAUSER PO BOX 911 MONTICELLO, IN 47960	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0013 1992	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>William Hauser</i> B. Received by (Printed Name) <i>William Hauser</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: WILLIAM HAUSER PO BOX 911 MONTICELLO, IN 47960	
Code: Allocation Project - D.Howell	



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

