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**CERTIFIED MAIL™ RECEIPT**  
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7110 6605 9590 0012 6738

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

ent To

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

**ODYSSEY ROYALTIES LLC**  
 8261 S MONACO CT  
 CENTENNIAL, CO 80112

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

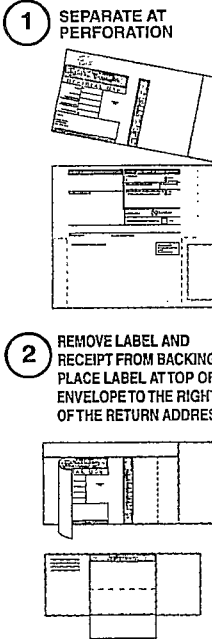


7110 6605 9590 0012 6738

ODYSSEY ROYALTIES LLC  
 8261 S MONACO CT  
 CENTENNIAL, CO 80112

Batch #: 2194  
 Article #: 71106605959000126738  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6738	A. Signature <input type="checkbox"/> Agent <b>X</b> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
ODYSSEY ROYALTIES LLC 8261 S MONACO CT CENTENNIAL, CO 80112	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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 #: 2194  
 Article #: 71106605959000126738  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3

↑ LIFT HERE

Reorder Form LCD rev. 01/07



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7110 6605 9590 0012 6745

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

Delivered To: **OIL & GAS DISTRIBUTION ACCT FASKEN**  
**ACCT 050515115100**  
**PO BOX 5383**  
**DENVER, CO 80217**

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



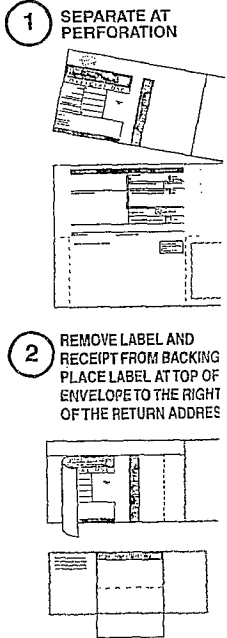
7110 6605 9590 0012 6745

**OIL & GAS DISTRIBUTION ACCT FASKEN**  
**ACCT 050515115100**  
**PO BOX 5383**  
**DENVER, CO 80217**

Batch #: 2194  
 Article #: 71106605959000126745  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

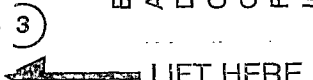
Reorder Form LCD-8 Rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6745	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<b>OIL &amp; GAS DISTRIBUTION ACCT FASKEN</b> <b>ACCT 050515115100</b> <b>PO BOX 5383</b> <b>DENVER, CO 80217</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6745	A. Signature <b>X Matthew Anderson</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <b>Matthew Anderson 9-710</b>	C. Date of Delivery
<b>OIL &amp; GAS DISTRIBUTION ACCT FASKEN</b> <b>ACCT 050515115100</b> <b>PO BOX 5383</b> <b>DENVER, CO 80217</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2194  
 Article #: 71106605959000126745  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:





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7110 6605 9590 0012 6752

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	

Delivered To  
 OMIMEX PETROLEUM INC  
 2001 BEACH ST, STE 810  
 FORT WORTH, TX 76103

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6752

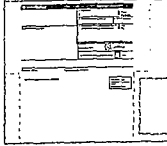
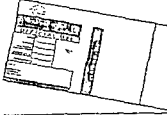
OMIMEX PETROLEUM INC  
 2001 BEACH ST, STE 810  
 FORT WORTH, TX 76103

Batch #: 2194  
 Article #: 71106605959000126752  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

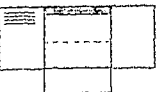
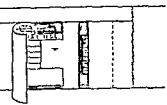
Reorder Form LCD- rev. 01/07

<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6752	A. Signature <input type="checkbox"/> Agent <b>X</b> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OMIMEX PETROLEUM INC 2001 BEACH ST, STE 810 FORT WORTH, TX 76103		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



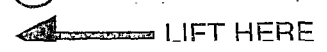
2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



<b>2. Article Number</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6752	A: Signature <input type="checkbox"/> Agent <b>X</b> Julie Allen <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
OMIMEX PETROLEUM INC 2001 BEACH ST, STE 810 FORT WORTH, TX 76103	J Allen	8/7/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2194  
 Article #: 71106605959000126752  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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7110 6605 9590 0012 6769

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

**ONEIDA COBERLY**  
**PO BOX 372**  
**AZTEC, NM 87410**

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6769

ONEIDA COBERLY  
 PO BOX 372  
 AZTEC, NM 87410

Batch #: 2194  
 Article #: 71106605959000126769  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6769

1. Article Addressed to:

**ONEIDA COBERLY**  
**PO BOX 372**  
**AZTEC, NM 87410**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

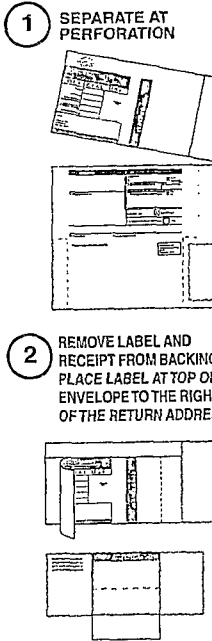
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell



**2. Article Number**

7110 6605 9590 0012 6769

1. Article Addressed to:

**ONEIDA COBERLY**  
**PO BOX 372**  
**AZTEC, NM 87410**

**COMPLETE THIS SECTION ON DELIVERY**

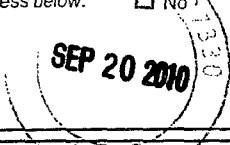
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



Code: Allocation Project - D.Howell

Batch #: 2194  
 Article #: 71106605959000126769  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code 2:  
 File #:  
 Internal File #:  
 Internal Code #:



LIFT HERE



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7110 6605 9590 0012 6776

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

**ORALIA CASAUS JARAMILLO  
 BOX 8075 HIGHWAY 4  
 JEMEZ PUEBLO, NM 87024**

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6776

**ORALIA CASAUS JARAMILLO  
 BOX 8075 HIGHWAY 4  
 JEMEZ PUEBLO, NM 87024**

Batch #: 2194  
 Article #: 71106605959000126776  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6776

1. Article Addressed to:

**ORALIA CASAUS JARAMILLO  
 BOX 8075 HIGHWAY 4  
 JEMEZ PUEBLO, NM 87024**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

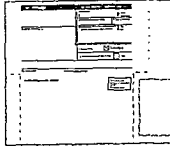
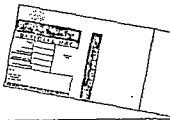
D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type  Certified

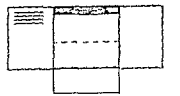
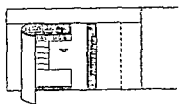
4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



**2. Article Number**

7110 6605 9590 0012 6776

1. Article Addressed to:

**ORALIA CASAUS JARAMILLO  
 BOX 8075 HIGHWAY 4  
 JEMEZ PUEBLO, NM 87024**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

*Elizabeth Jaramillo* 9.03.2010

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

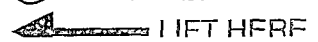
3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes

Code: Allocation Project - D.Howell

Batch #: 2194  
 Article #: 71106605959000126776  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

3





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7110 6605 9590 0012 6783

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	

Delivered to:  
**OROCO LLC**  
**13170B CENTRAL SE PMB 325**  
**ALBUQUERQUE, NM 87123**

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6783

**OROCO LLC**  
**13170B CENTRAL SE PMB 325**  
**ALBUQUERQUE, NM 87123**

Batch #: 2194  
 Article #: 71106605959000126783  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD-1 Rev. 01/07

**2. Article Number**

7110 6605 9590 0012 6783

1. Article Addressed to:

**OROCO LLC**  
**13170B CENTRAL SE PMB 325**  
**ALBUQUERQUE, NM 87123**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

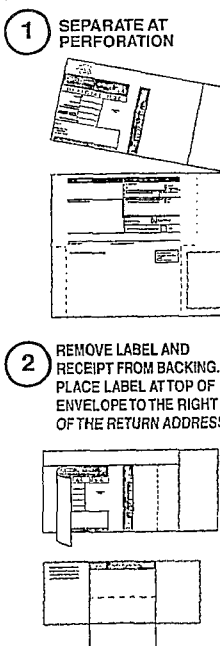
A. Signature  Agent  
**X**  Addressee

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

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

3. Service Type  Certified

4. Restricted Delivery? (Extra Fee)  Yes



**2. Article Number**

7110 6605 9590 0012 6783

1. Article Addressed to:

**OROCO LLC**  
**13170B CENTRAL SE PMB 325**  
**ALBUQUERQUE, NM 87123**

Code: Allocation Project - D.Howell

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Sarah Martinez* 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 #: 2194  
 Article #: 71106605959000126783  
 Date/Time: 8/31/2010 12:34:14 PM  
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 Internal Code #:



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7110 6605 9590 0012 6790

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 **OTTERBELT LLL**  
**ATTN: SUZANN BELT, MANAGER**  
**6803 KYLE ROAD**  
**BIG SPRING, TX 79720**

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



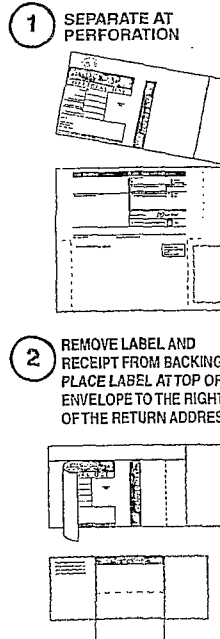
7110 6605 9590 0012 6790

**OTTERBELT LLL**  
**ATTN: SUZANN BELT, MANAGER**  
**6803 KYLE ROAD**  
**BIG SPRING, TX 79720**

Batch #: 2194  
 Article #: 71106605959000126790  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #:

Reorder Form LCD, Rev. 01/07

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6790		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
OTTERBELT LLL ATTN: SUZANN BELT, MANAGER 6803 KYLE ROAD BIG SPRING, TX 79720		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
7110 6605 9590 0012 6790		A. Signature <b>X Mike Belt</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery <b>MIKE BELT</b> <b>9-15-10</b>	
OTTERBELT LLL ATTN: SUZANN BELT, MANAGER 6803 KYLE ROAD BIG SPRING, TX 79720		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2194  
 Article #: 71106605959000126790  
 Date/Time: 8/31/2010 12:34:14 PM  
 Code: Allocation Project - D.Howell  
 Code2:  
 File #:  
 Internal File #:  
 Internal Code #: