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 7110 6605 9590 0013 1725

Postage	\$ 1.05	Postmark Here
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Return Receipt Fee (endorsement Required)	\$ 2.30	
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sent To
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W. A. KERNAGHAN
5650 CHARLESTOWN DR.
DALLAS, TX 75230-1730

Form 3800, August 2005 See Reverse for Instructions



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

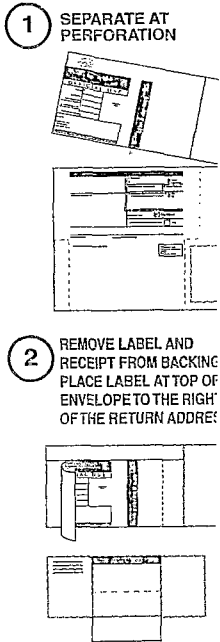
A. Signature Agent
X Addressee

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



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

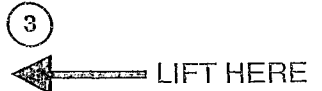
B. Received by (Printed Name) C. Date of Delivery
W. A. Kernaghan 9/14/10

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





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Postage	\$ 1.05	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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 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-87 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1695

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

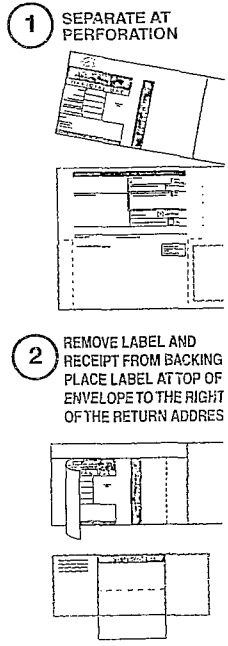
A. Signature Agent
 Addressee

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 1695

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

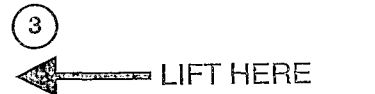
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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





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

Postmark Here

Code: Allocation Project - D.Howell

Recipient To
 Street, Apt. No.;
 PO Box No.
 City, 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



7110 6605 9590 0013 1701

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

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

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0013 1701

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

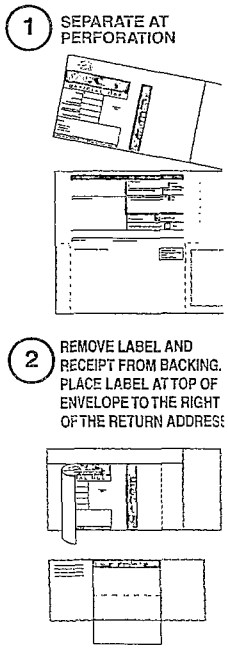
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 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 Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Charles D. David 9-28-10

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 #:





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

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

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 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 #:

PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 1718

1. Article Addressed to:

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

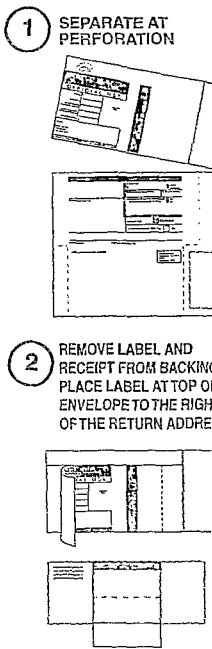
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1718

1. Article Addressed to:

W L JENNINGS
PO BOX 117
ABILENE, TX 79604

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





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

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

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 #:

PS Form 3809, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1732

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

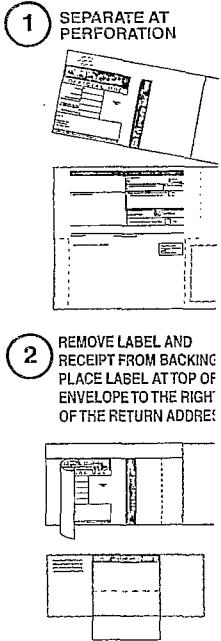
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1732

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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



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

Postage to
 Recipient, Apt. No.,
 PO Box No.,
 City, State, Zip+4

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

PS 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-8 01/07

2. Article Number

7110 6605 9590 0013 1749

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

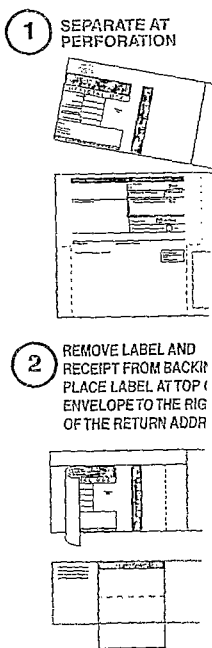
A. Signature Agent Addressee
X

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 1749

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Walter Howard*

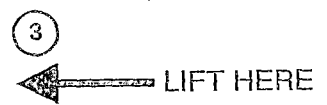
B. Received by (Printed Name) C. Date of Delivery
Walter Howard *9-7-10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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





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7110 6605 9590 0013 1756

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.;
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 City, 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

7110 6605 9590 0013 1756

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

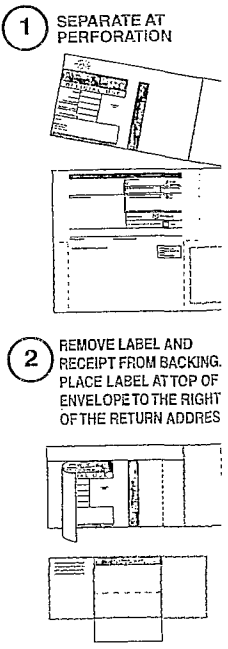
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1756

1. Article Addressed to:

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

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 No
 If YES enter delivery address below:

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 #:





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

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

Form 3800, August 2006 See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0013 3194

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

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

Reorder Form LCD-8 Rev. 01/07

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

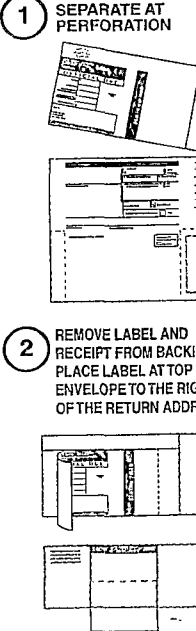
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 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 Agent
X Addressee
Wanda Apodaca

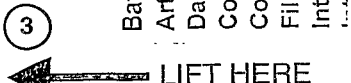
B. Received by (Printed Name) C. Date of Delivery
Wanda Apodaca

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 #:





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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 **WASATCH ENERGY LLC**
PO BOX 699
FARMINGTON, UT 84025

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions

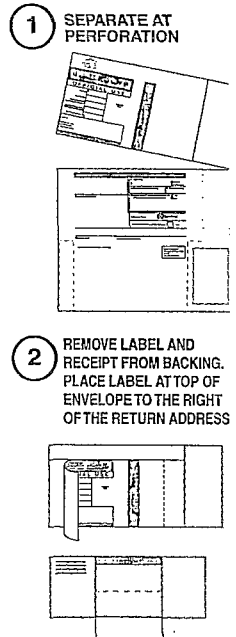


7110 6605 9590 0013 1763

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	B. Received by (Printed Name) _____ C. Date of Delivery _____
1. Article Addressed to: WASATCH ENERGY LLC PO BOX 699 FARMINGTON, UT 84025	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		



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

Reorder Form LCD-81-01/07



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

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





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

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

COMPLETE THIS SECTION ON DELIVERY

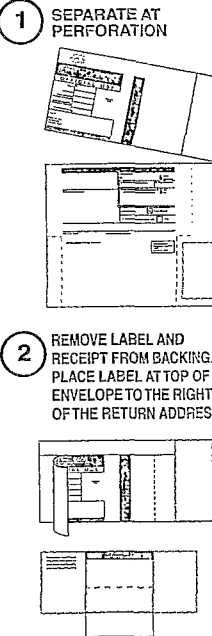
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1770

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

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

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



Reorder Form LCD-8 Rev. 01/07



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

7110 6605 9590 0013 1787

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

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

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

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 #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0013 1787

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

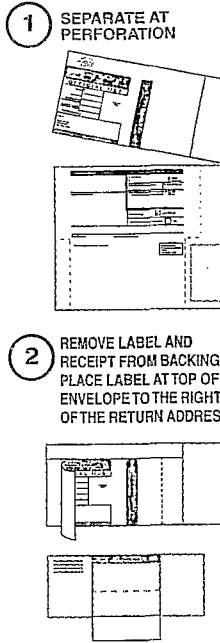
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0013 1787

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Reagan Packert* Addressee

B. Received by (Printed Name) C. Date of Delivery
Reagan Packert **9-27-10**

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No
9770

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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



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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	

Return 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

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

CERTIFIED MAIL™

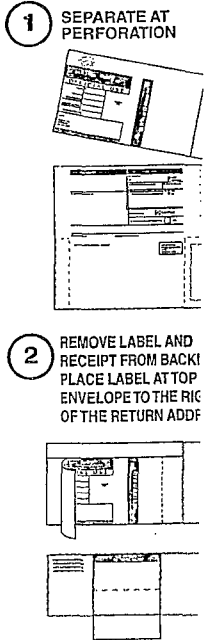
7110 6605 9590 0013 4061

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

Batch #: 2273
 Article #: 711066059590000134061
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 4061	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: WCB INVESTMENTS LLC NM LLC C/O REYNOLDS HIX & CO PA 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	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	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS

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

Batch #: 2273
 Article #: 711066059590000134061
 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 delivery information, visit our website at www.usps.com

7110 6605 9590 0013 1794

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

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

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

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 #:

Form 3800, August 2006. See Reverse for Instructions

2 Article Number

7110 6605 9590 0013 1794

1. Article Addressed to:

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

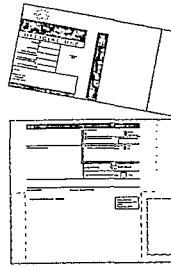
B. Received by (Printed Name) C. Date of Delivery

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

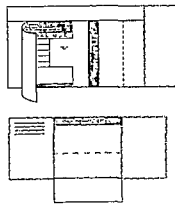
3. Service Type Certified

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 1794

1. Article Addressed to:

WENDY DALE JOHNSON
PO BOX 627
DICKINSON, TX 77539

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 SEP 13 2010

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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

3 LIFT HERE

Reorder Form LCD-8 Rev. 01/07



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(First-Class Mail Only) (No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0013 4078

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

Send To
WESLEY E LECK
411 N WALNUT ST

 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4
CLEBURNE, TX 76031

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 4078

WESLEY E LECK
411 N WALNUT ST
CLEBURNE, TX 76031

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

2. Article Number

7110 6605 9590 0013 4078

1. Article Addressed to:

WESLEY E LECK
411 N WALNUT ST

CLEBURNE, TX 76031

COMPLETE THIS SECTION ON DELIVERY

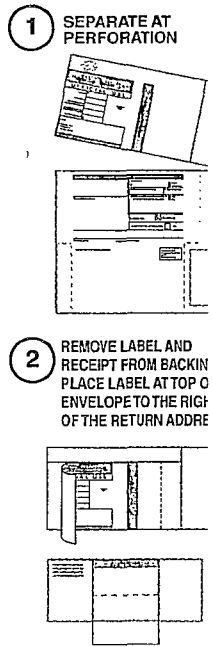
A. Signature X Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-100 Rev. 01/07

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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

3
 LIFT HERE



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 1800

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

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1800

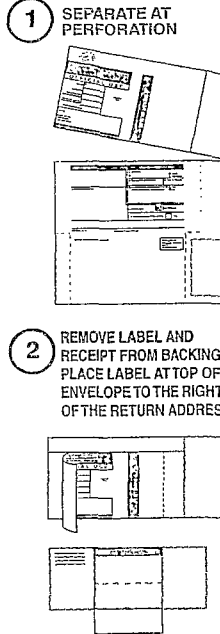
WESLEY T HOUSE TESTAMENTARY TRUST F
PO BOX 5383
DENVER, CO 80217

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

Form 3800, August 2009. See reverse for instructions.

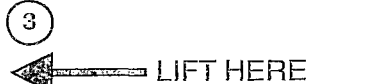
Reorder Form LCD-8
Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1800	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> 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? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
PS Form 3811	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1800	A. Signature X Matthew Noeall	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) Matthew Noeall 9-7-10	C. Date of Delivery
WESLEY T HOUSE TESTAMENTARY TRUST F PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
PS Form 3811	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

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 information visit our website at www.usps.com

7110 6605 9590 0013 1817

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

Postmark Here

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1817

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

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1817

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

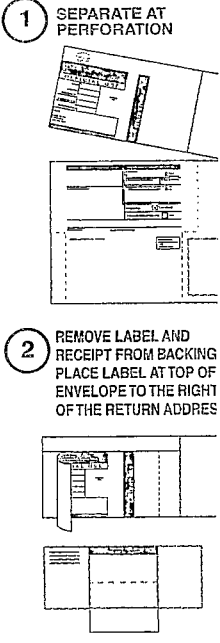
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1817

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

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





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7110 6605 9590 0013 1824

Postage	\$ 1.05	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

**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 #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1824

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

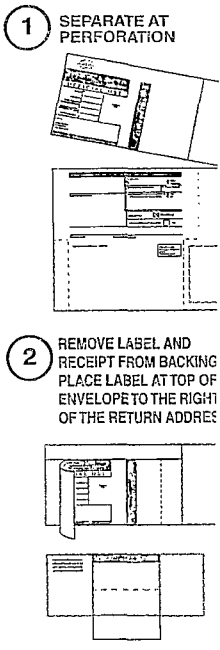
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0013 1824

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



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

3



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7110 6605 9590 0013 1831

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 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

7110 6605 9590 0013 1831

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

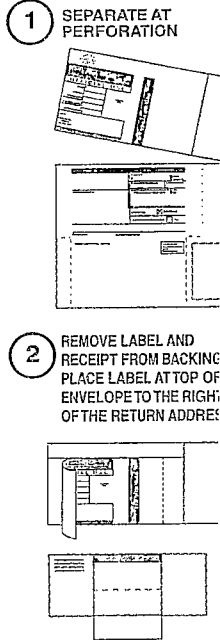
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1831

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Karen LaRosa Addressee

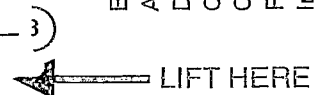
B. Received by (Printed Name) C. Date of Delivery

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 #: 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
Return Receipt Only, No Insurance, Coverage Provided
For information visit our website at www.usps.com

7110 6605 9590 0013 1848

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

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

7110 6605 9590 0013 1848

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

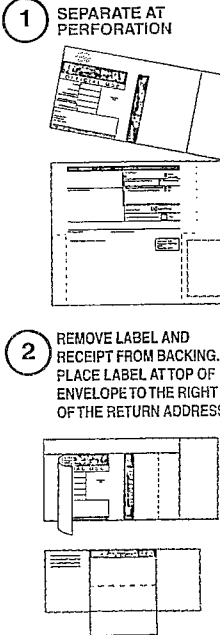
A. Signature Agent
 Addressee

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 1848

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

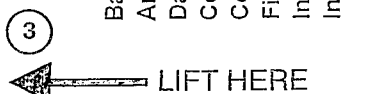
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



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



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

7110 6605 9590 0013 1855

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

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

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

Form 3800, August 2006. See Reverse for Instructions

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 #:

2. Article Number

7110 6605 9590 0013 1855

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

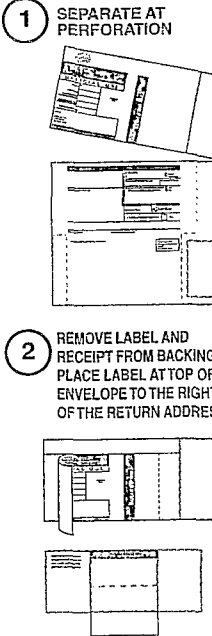
A. Signature Agent
X Addressee

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8-01/07

2. Article Number

7110 6605 9590 0013 1855

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

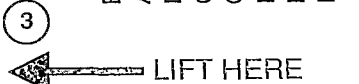
B. Received by (Printed Name) C. Date of Delivery

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

9/7/10

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0013 1862		
Postage	\$	Postmark Here
Certified Fee	\$1.05	
Return Receipt Fee (endorsement Required)	\$2.80	
Restricted Delivery Fee (endorsement Required)	\$2.30	
Total Postage & Fees	\$6.15	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1862

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

Batch #: 2202
Article #: 711066059590000131862
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 1862

1. Article Addressed to:

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

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

Domestic Return Receipt

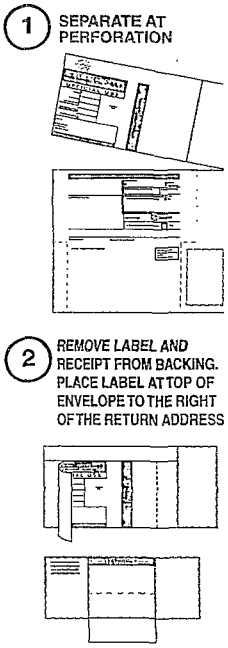
UNITED STATES POSTAL SERVICE



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 #: 711066059590000131862
Date/Time: 8/31/2010 1:28:48 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



3
LIFT HERE

Reorder Form LCD-8 Rev. 01/07



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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	

Postage **\$5.54**

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

WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3217

WILFRED REEVES JOHNSON
 PO BOX 7507
 THE WOODLANDS, TX 77387

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

2. Article Number

7110 6605 9590 0013 3217

1. Article Addressed to:

WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

COMPLETE THIS SECTION ON DELIVERY

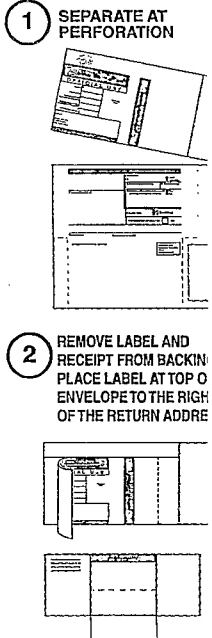
A. Signature Agent
X Addressee

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD rev. 01/07

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
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 USPS
 Permit No. G-10

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

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

3 **LIFT HERE**



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

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

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3729
 WILFRED REEVES JOHNSON
 PO BOX 7507
 THE WOODLANDS, TX 77387

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

2. Article Number

7110 6605 9590 0013 3729

1. Article Addressed to:
WILFRED REEVES JOHNSON
PO BOX 7507
THE WOODLANDS, TX 77387

COMPLETE THIS SECTION ON DELIVERY

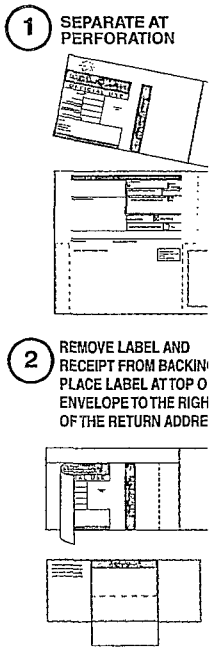
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-Rev. 01/07

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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 USPS
 Permit No. G-10

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

3
 LIFT HERE

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



7110 6605 9590 0013 1954

0006557587 SEP 01 2010
MAILED FROM ZIP CODE 87402

UNCLAIMED

UNCLAIMED

WILLIAM D NORDHAUS
C/O RBC-DAIN-RAUSCHER
6301 UPTOWN BLVD NE STE 400
ALBUQUERQUE, NM 87449

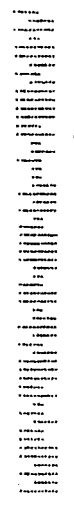
LP
9-10-10

1st NOTICE _____
2nd NOTICE _____
RETURNED _____

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

remailed 9/30/10

9/25





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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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.;
 or PO Box No.
 City, State, Zip+4

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1954

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

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

2. Article Number

7110 6605 9590 0013 1954

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

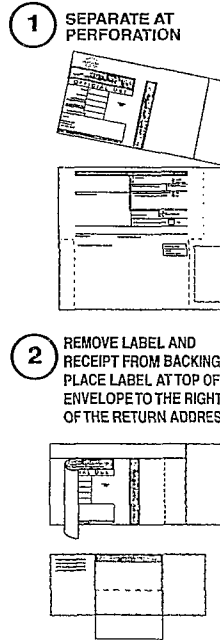
A. Signature Agent
 Addressee

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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



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7110 6605 9590 0013 1961

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

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

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

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 #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1961

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

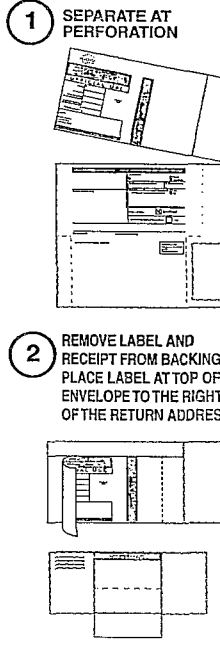
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8 Rev. 01/07

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 USPS
 Permit No. G-10

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

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

3
 LIFT HERE



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

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 #:

Form 3800, August 2005 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 2005

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

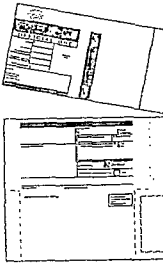
B. Received by (Printed Name) C. Date of Delivery

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

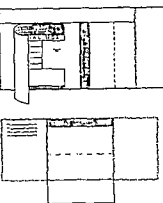
3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2005

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

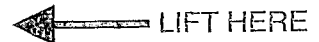
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

3

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 003A 4085

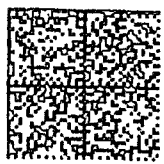
FWD



WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN
PARKER, AZ 85344

Delivered
10/25/10
Delivered
10/25/10
Delivered
10/25/10

Remailed
10/4/10
AN



UNITED STATES
02 1R
0006557
MAILED F1



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

Form 3800, August 2006 See Reverse for Instructions

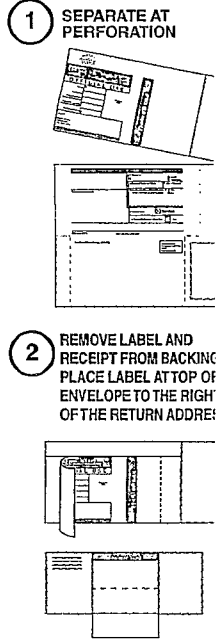
IF A STICKER IS AT THE TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 4085

WILLIAM IRVIN LAYLAND
33957 E SMOKETREE LN
PARKER, AZ 85344

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
1 7110 6605 9590 0013 4085	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: WILLIAM IRVIN LAYLAND 33957 E SMOKETREE LN PARKER, AZ 85344	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
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



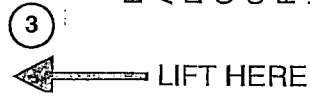
PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

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



Reorder Form LCD rev. 01/07



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



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 #:

Form 3800, August 2006 See Reverse for Instructions

2 Article Number

7110 6605 9590 0013 2012

1. Article Addressed to:

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

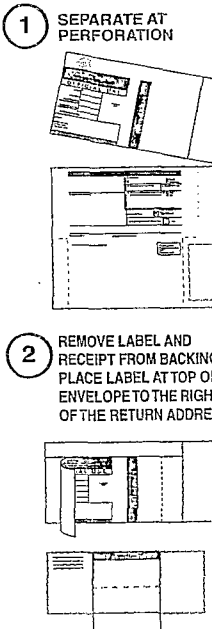
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-81 01/07

2 Article Number

7110 6605 9590 0013 2012

1. Article Addressed to:

WILLIAM J HINES III
PO BOX 873402
WASILLA, AK 99687

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

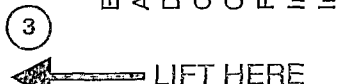
A. Signature Agent
 Addressee

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



U.S. Postal Service
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7110 6605 9590 0013 2029

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 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

7110 6605 9590 0013 2029

1. Article Addressed to:

WILLIAM LOUIS DAVANT
PO BOX 214
BLESSING, TX 77419

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

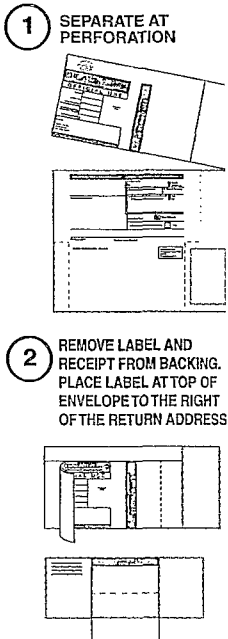
UNITED STATES POSTAL SERVICE



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

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

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



3
 LIFT HERE



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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
WILLIAM MICHAEL MYATT
3610 FARM LAND CT
GRANBURY, TX 76048

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

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 4092

WILLIAM MICHAEL MYATT
3610 FARM LAND CT
GRANBURY, TX 76048

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

Reorder Form LCD-8 v. 01/07

2: Article Number

7110 6605 9590 0013 4092

1. Article Addressed to:

WILLIAM MICHAEL MYATT
3610 FARM LAND CT
GRANBURY, TX 76048

COMPLETE THIS SECTION ON DELIVERY

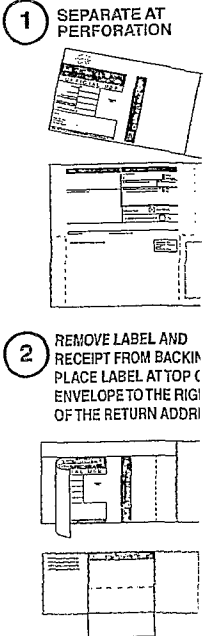
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2: Article Number

7110 6605 9590 0013 4092

1. Article Addressed to:

WILLIAM MICHAEL MYATT
3610 FARM LAND CT
GRANBURY, TX 76048

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



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7110 6605 9590 0013 2036

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2036

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

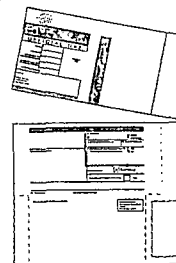
Batch #: 2206
Article #: 71106605959000132036
Date/Time: 8/31/2010 1:36:08 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3800, August 2009 See Reverse for Instructions

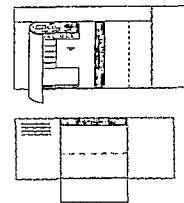
Reorder Form LCD-8 01/07

2 Article Number 7110 6605 9590 0013 2036	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	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	
	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



2 Article Number 7110 6605 9590 0013 2036	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: WILLIAM P RABB TESTAMENTARY TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	A. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	Date of Delivery SEP 2 2010
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" 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		

3

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



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7110 6605 9590 0013 2043

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

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

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

Code: Allocation Project - D.Howell



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 #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 2043

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

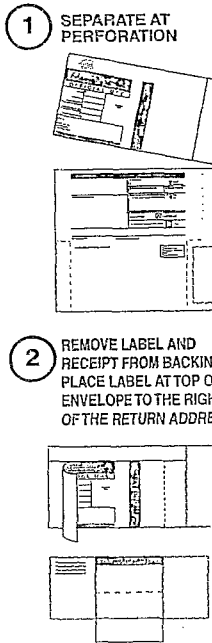
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2043

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

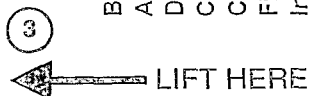
B. Received by (Printed Name) C. Date of Delivery
 GLEN [Signature] 9/4/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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



Reorder Form LCD-8 01/07

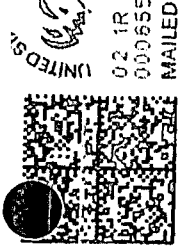
San Juan Business Unit
PO Box 428
Farmington Nv-89499-4289

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 Recaptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due

7110 6605 9590 0013 2050

7/10/01



mv

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



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7110 6605 9590 0013 3224		
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	
Total \$5.54		
Recipient To Street, Apt. No.; or PO Box No. City, State, Zip+4 WILLIAM SWINFORD LANIER FAM MNRL CTRL AG MA076 PO BOX 1600 SAN ANTONIO, TX 78296		

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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3224

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

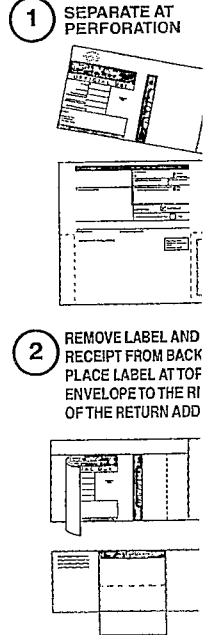
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3224

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

3
 Batch #: 2269
 Article #: 71106605959000133224
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:
LIFT HERE



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7110 6605 9590 0013 2067

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	

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 2009 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2067	A. Signature <input type="checkbox"/> Agent X <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	
WILLIAM S RABB PO BOX 19186 BOULDER, CO 80308-2186	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

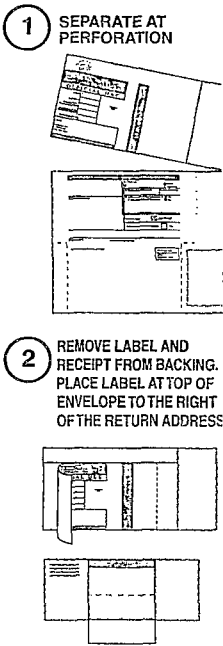
UNITED STATES POSTAL SERVICE



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

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

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





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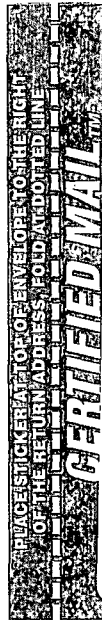
7110 6605 9590 0013 2074

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

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

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

Code: Allocation Project - D.Howell



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 #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 2074

1. Article Addressed to:

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

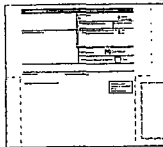
B. Received by (Printed Name) C. Date of Delivery

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

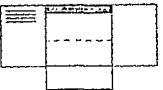
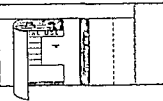
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2074

1. Article Addressed to:

WILLIAM SIEGENTHALER JR
112 S WATSON AVE
ARTESIA, NM 88210

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Bill Siegenthaler* Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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
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Reorder Form LCD-8 v. 01/07



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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		
Total Postage & Fees	\$	\$6.15	

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2081

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

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

Form 3800 August 2006 See Reverse for Instructions

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
X Addressee

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

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

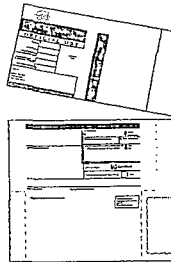
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

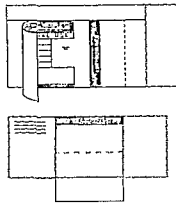
Code: Allocation Project - D.Howell

PS Form 3811

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 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
X Addressee

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

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

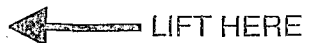
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

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

3



Reorder Form LCD-8 Rev. 01/07



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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	\$	\$6.15	

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

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

Form 3800, August 2006 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2098

1. Article Addressed to:

WILLIAM W BRAMLETT
PO BOX 132255
SPRING, TX 77393

COMPLETED THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

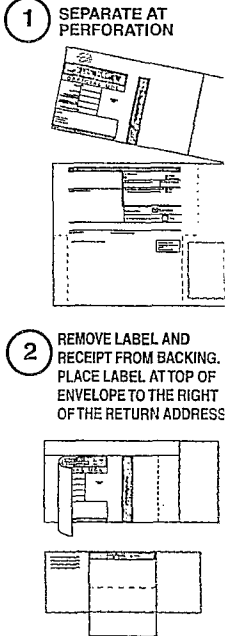
UNITED STATES POSTAL SERVICE



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

7110 6605 9590 0013 2104

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

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

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

Form 3809 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

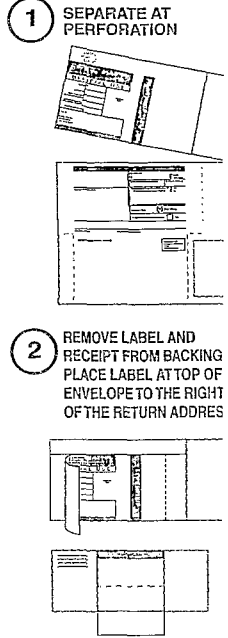
7110 6605 9590 0013 2104

WILLIAM WARREN COOPER
233 LAZY HOLLOW LN
LIVINGSTON, TX 77351

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

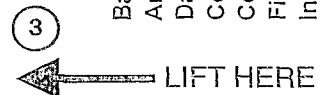
Reorder Form LCD-8 Rev. 01/07

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



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

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





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

7110 6605 9590 0013 2111

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		

Code: Allocation Project - D.Howell

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

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

Form 3811, 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 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 #:

2 Article Number

7110 6605 9590 0013 2111

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

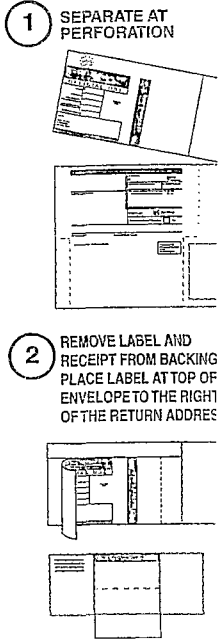
A. Signature Agent Addressee
 X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0013 2111

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *B. Burnett*

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

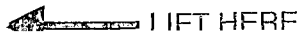
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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 #:





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7110 6605 9590 0013 2128		
Postage \$	Postmark Here	
Certified Fee		\$1.05
Return Receipt Fee (Endorsement Required)		\$2.80
Restricted Delivery Fee (Endorsement Required)		\$2.30
Total Postage & Fees \$		\$6.15

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

**WILLIS R. MOULTON
 ONE CRESTHILL DRIVE
 BOONTON, NJ 7005**

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2128

**WILLIS R. MOULTON
 ONE CRESTHILL DRIVE
 BOONTON, NJ 7005**

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

Reorder Form LCD-8 Rev. 01/07

2 Article Number

7110 6605 9590 0013 2128

1. Article Addressed to:

**WILLIS R. MOULTON
 ONE CRESTHILL DRIVE
 BOONTON, NJ 7005**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

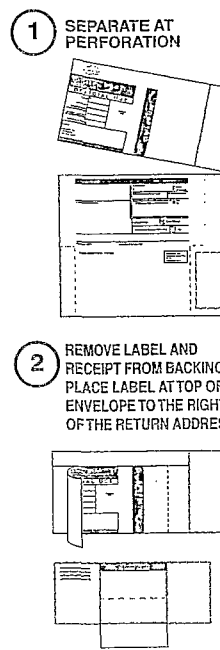
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0013 2128

1. Article Addressed to:

**WILLIS R. MOULTON
 ONE CRESTHILL DRIVE
 BOONTON, NJ 7005**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Moulton* Addressee

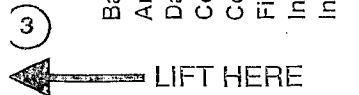
B. Received by (Printed Name) C. Date of Delivery
 9/10/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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





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7110 6605 9590 0013 2135

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

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

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

Code: Allocation Project - D.Howell



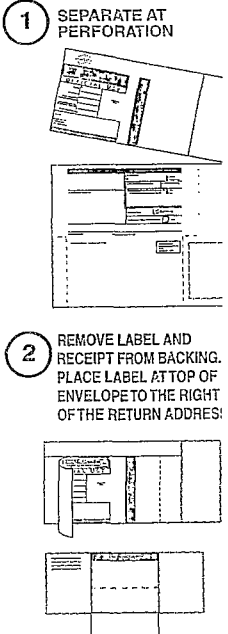
7110 6605 9590 0013 2135

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

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

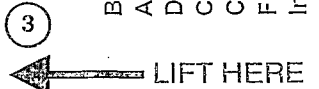
Form 3800, August 2006 See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2135	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> 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? <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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2135	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> 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? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	SEP 10 7 2010
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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



Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0013 2142

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

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

Form 3811, August 2009
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

7110 6605 9590 0013 2142

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

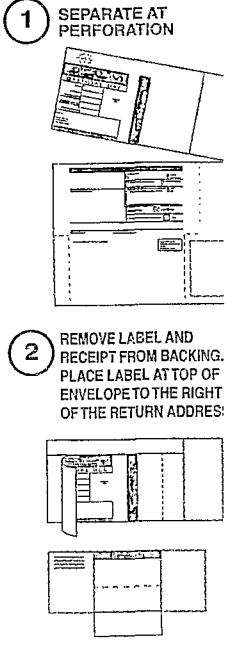
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2142

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

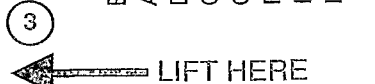
A. Signature Agent
X *Sandy Jarecki* Addressee

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



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



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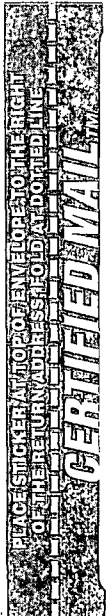
7110 6605 9590 0013 2159	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
\$6.15	

sent To
 Street, Apt. No.,
 PO Box No.
 City, 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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

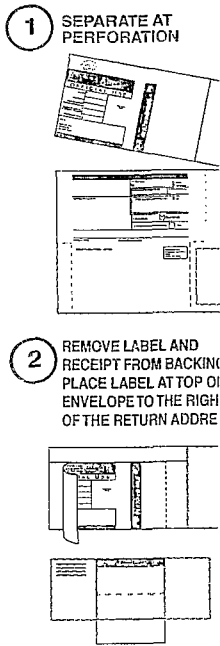
A. Signature Agent
 Addressee

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 2159

1. Article Addressed to:

WOODBINE FINANCIAL CORP
PO BOX 52296
TULSA, OK 74152

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

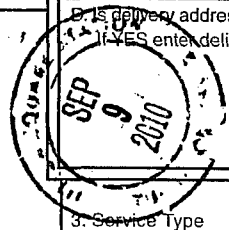
A. Signature Agent
 Addressee

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

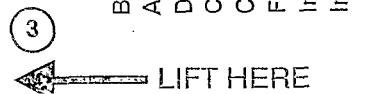
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



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





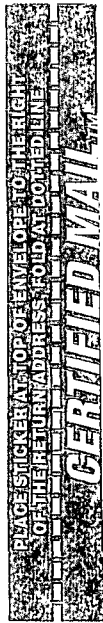
U.S. Postal Service
CERTIFIED MAIL RECEIPT
Certified Mail Only. No Insurance Coverage Provided.

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

Postmark Here
Code: Allocation Project - D.Howell
Woolley Family Trust DTD 3/2/2005
3900 CONNECTICUT APT 101-G
WASHINGTON, DC 20008

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

Form 3811, August 2006 See Reverse for Instructions



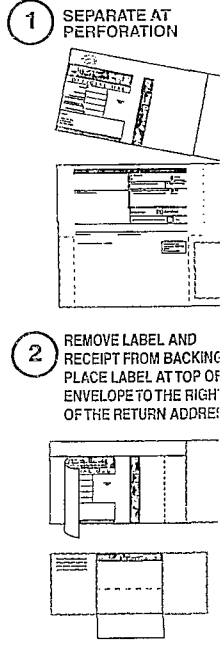
7110 6605 9590 0013 2166

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

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0013 2166	COMPLETE THIS SECTION ON DELIVERY A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: WOOLLEY FAMILY TRUST DTD 3/2/2005 3900 CONNECTICUT APT 101-G WASHINGTON, DC 20008	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number 7110 6605 9590 0013 2166	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>D. Howell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: WOOLLEY FAMILY TRUST DTD 3/2/2005 3900 CONNECTICUT APT 101-G WASHINGTON, DC 20008	B. Received by (Printed Name) C. Date of Delivery 9/7/10
	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 #: 2206
Article #: 71106605959000132166
Date/Time: 8/31/2010 1:36:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 2173

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

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

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 2173

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

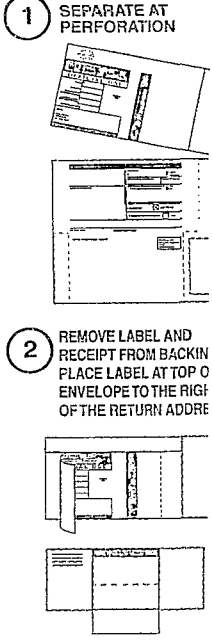
A. Signature
 X Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2173

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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





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CERTIFIED MAIL™ RECEIPT
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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		

7110 6605 9590 0013 2180

Code: Allocation Project - D.Howell

7110 6605 9590 0013 2180

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



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 #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2180

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

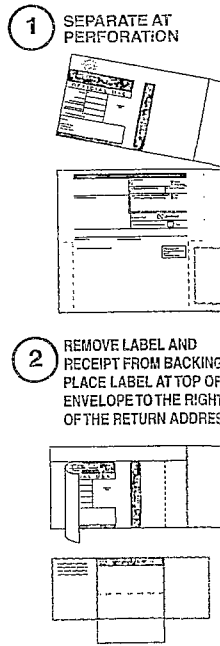
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0013 2180

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Harry Scott*

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

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



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7110 6605 9590 0013 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

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 #:

Form 3800, August 2006. See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 2197

1. Article Addressed to:

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

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

2. Article Number

7110 6605 9590 0013 2197

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

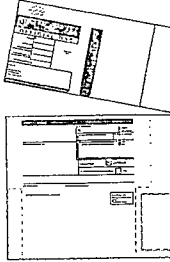
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

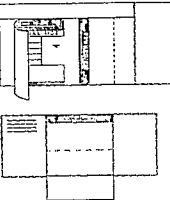
4. Restricted Delivery? (Extra Fee) Yes

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



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

Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0013 2203

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

Postmark
Here

sent To

 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4
YELLOW QUEEN URANIUM COMPANY
201 AIRPORT DR., STE 19
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



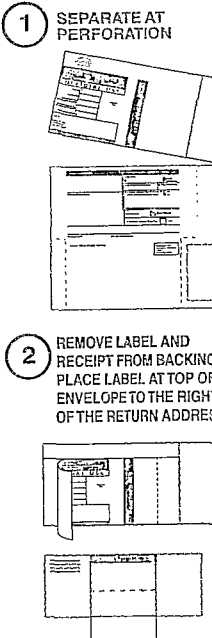
7110 6605 9590 0013 2203

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2203	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: YELLOW QUEEN URANIUM COMPANY 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	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	
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

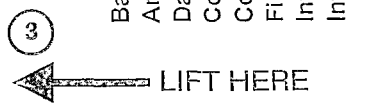


Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2203	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: YELLOW QUEEN URANIUM COMPANY 201 AIRPORT DR., STE 19 FARMINGTON, NM 87401	B. Received by (Printed Name) <i>M. Nordstrom</i>	C. Date of Delivery <i>9/4/10</i>
	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		

PS Form 3811

Domestic Return Receipt



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



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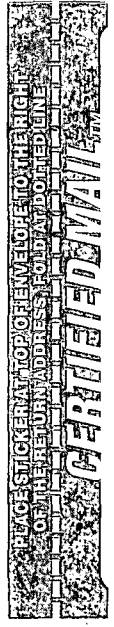
7110 6605 9590 0013 1879

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

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

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

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 #:

PS Form 3811, August 2006, See Reverse for Instructions

Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1879

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

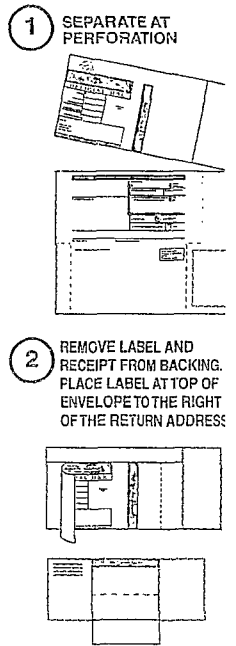
A. Signature Agent
 Addressee

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 1879

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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



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7110 6605 9590 0013 1886

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

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

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

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 #:

Form 3808, August 2006 See Reverse for Instructions

Reorder Form LCD-811 Rev. 01/07

2 Article Number

7110 6605 9590 0013 1886

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

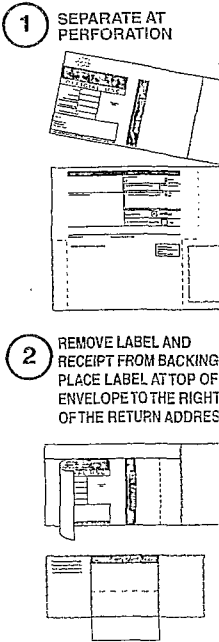
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0013 1886

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

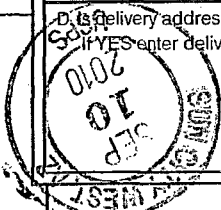
A. Signature: Agent
X *Willadean Hirsch* Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



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





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 7110 6605 9590 0013 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.
 City, 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 3811, August 2006 See Reverse for Instructions

2 Article Number

7110 6605 9590 0013 1893

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

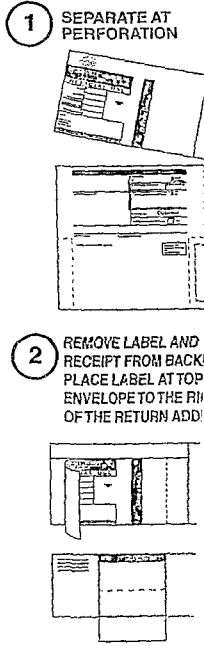
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0013 1893

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Hardie

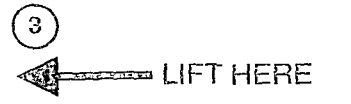
B. Received by (Printed Name) C. Date of Delivery
Hardie 9/4

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



Reorder Form LCD-81 01/07



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 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	

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

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

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1909

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 #:

Form 3800, August 2006. See Reverse for Instructions.

2. Article Number

7110 6605 9590 0013 1909

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

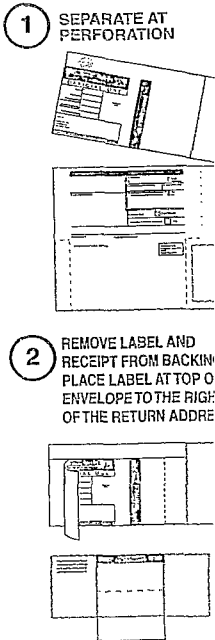
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1909

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

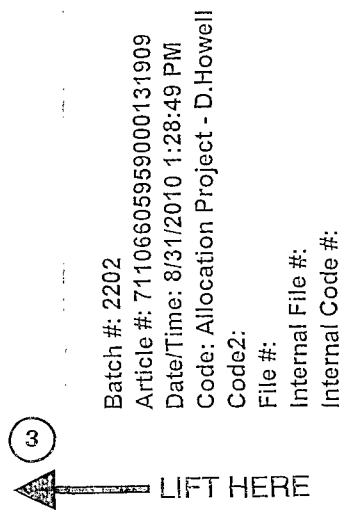
A. Signature Agent Addressee
X *William Landsheft*

B. Received by (Printed Name) C. Date of Delivery
William Landsheft *8-10*

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



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 7110 6605 9590 0013 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	

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



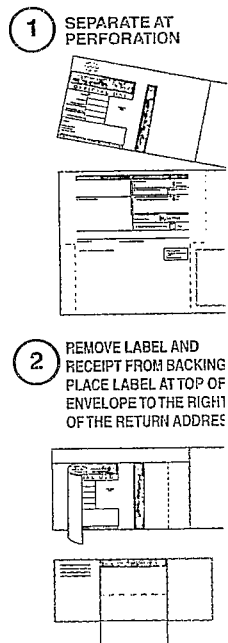
7110 6605 9590 0013 1916

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 #:

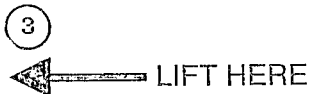
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1916	A. Signature X <input type="checkbox"/> Agent <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	
WILLIAM BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 1916	A. Signature x Cheryl Good <input type="checkbox"/> Agent <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	
WILLIAM BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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





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7110 6605 9590 0013 1923

Postage	\$ 1.05	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
 WILLIAM CHARLES BANZHOF
 2186 CAMINO CHRISTINA
 ALPINE, CA 91901-3223

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1923

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

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

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 1923

1. Article Addressed to:
 WILLIAM CHARLES BANZHOF
 2186 CAMINO CHRISTINA
 ALPINE, CA 91901-3223

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

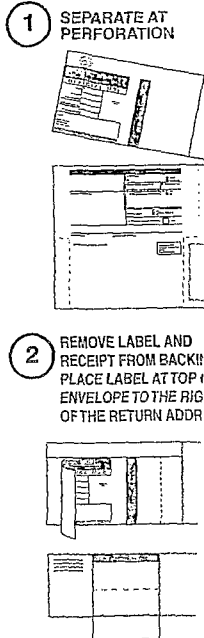
B. Received by (Printed Name) C. Date of Delivery

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 1923

1. Article Addressed to:
 WILLIAM CHARLES BANZHOF
 2186 CAMINO CHRISTINA
 ALPINE, CA 91901-3223

COMPLETE THIS SECTION ON DELIVERY

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

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

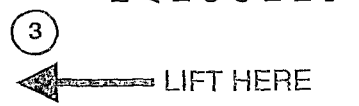
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

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





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
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 CLAY MCCORD
PO BOX 840738
DALLAS, TX 75284-0738

Form 3800, August 2006. See Reverse for Instructions



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-800 Rev. 01/07

2. Article Number

7110 6605 9590 0013 1930

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

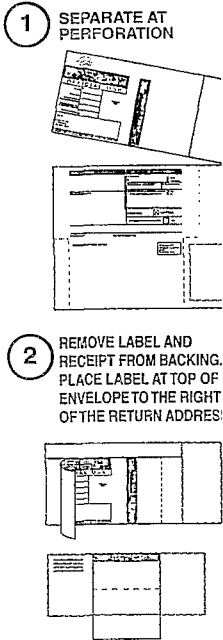
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1930

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *William Clay McCord*

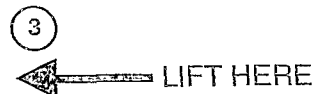
B. Received by (Printed Name) C. Date of Delivery
 SEP 07 2010

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 #: 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
First-Class Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com

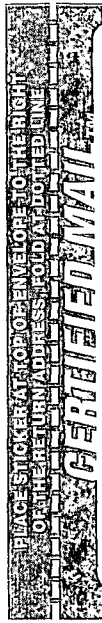
7110 6605 9590 0013 1978

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
William Fielding Davenport
PO BOX 2465
ALVIN, TX 77512-2465

Post Office, Apt. No., PO Box No., City, State, Zip+4
PS Form 3800, August 2008 See Reverse for Instructions

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 #:

Reorder Form LCD-8 01/07

2. Article Number
7110 6605 9590 0013 1978

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

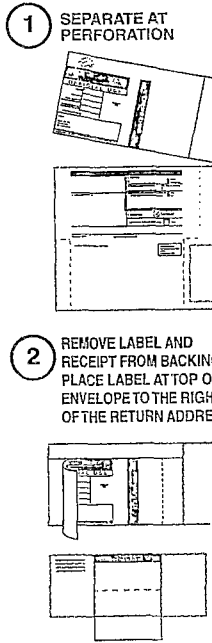
A. Signature
X Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
7110 6605 9590 0013 1978

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

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

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 #: 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)

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	

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0013 1985

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

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number

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

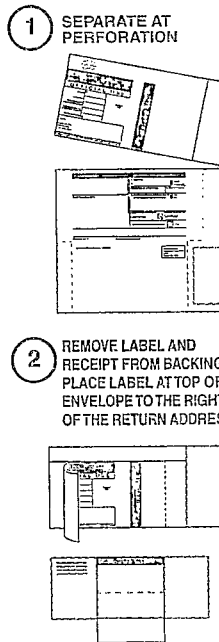
A. Signature Agent
 Addressee

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





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

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	

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

**WILLIAM HAUSER
 PO BOX 911
 MONTICELLO, IN 47960**

Code: Allocation Project - D.Howell

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

7110 6605 9590 0013 1992

**WILLIAM HAUSER
 PO BOX 911
 MONTICELLO, IN 47960**

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

Form 3800 August 2009 See Reverse for Instructions

2. Article Number

7110 6605 9590 0013 1992

1. Article Addressed to:

**WILLIAM HAUSER
 PO BOX 911
 MONTICELLO, IN 47960**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

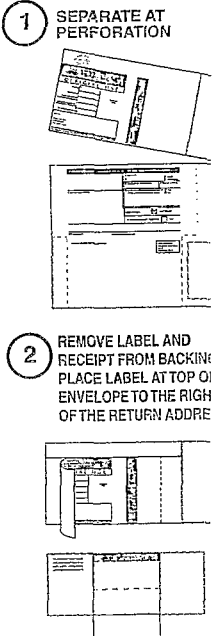
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 1992

1. Article Addressed to:

**WILLIAM HAUSER
 PO BOX 911
 MONTICELLO, IN 47960**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

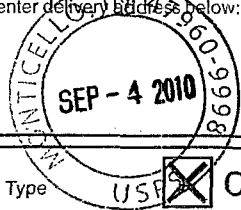
A. Signature Agent
 Addressee

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 #: 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