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 7110 6605 9590 0012 1689

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

7110 6605 9590 0012 1689

FF WEBSTER IV TRUST EST & TR
 C/O GLENVIEW ST BK
 800 WAUKEGAN RD
 GLENVIEW, IL 60025

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1689

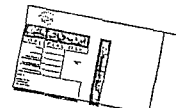
FF WEBSTER IV TRUST EST & TR
 C/O GLENVIEW ST BK
 800 WAUKEGAN RD
 GLENVIEW, IL 60025

Batch #: 2189
 Article #: 71106605959000121689
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

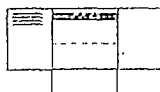
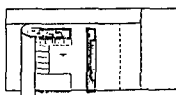
Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1689		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FF WEBSTER IV TRUST EST & TR C/O GLENVIEW ST BK 800 WAUKEGAN RD GLENVIEW, IL 60025		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

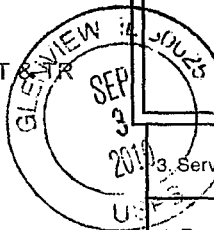
1 SEPARATE AT PERFORATION



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



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1689		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FF WEBSTER IV TRUST EST & TR C/O GLENVIEW ST BK 800 WAUKEGAN RD GLENVIEW, IL 60025		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



Batch #: 2189
 Article #: 71106605959000121689
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

PS Form 3811

Domestic Return Receipt

IIFT HFRF



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7110 6605 9590 0012 1702

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

Send To
F LOUIS TUCKER JR
PO BOX 2822
HOUSTON, TX 77252-2822

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



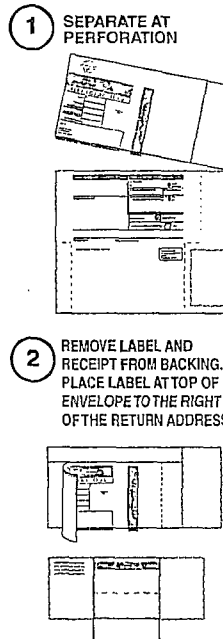
7110 6605 9590 0012 1702

F LOUIS TUCKER JR
PO BOX 2822
HOUSTON, TX 77252-2822

Batch #: 2189
Article #: 71106605959000121702
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

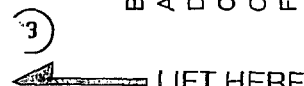
Reorder Form LCD-911R rev. 01/07

2. Article Number 7110 6605 9590 0012 1702	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: F LOUIS TUCKER JR PO BOX 2822 HOUSTON, TX 77252-2822 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1702	COMPLETE THIS SECTION ON DELIVERY A. Signature X J. Feiden ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery SEP 07 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: F LOUIS TUCKER JR PO BOX 2822 HOUSTON, TX 77252-2822 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121702
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
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File #:
Internal File #:
Internal Code #:



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 7110 6605 9590 0012 1719

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

it To
 et, Apt. No.,
 O Box No.
 , State, Zip+4

FANNIE SINGLETON
1126 FOREST DR
N MYRTLE BEACH, SC 29582

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1719

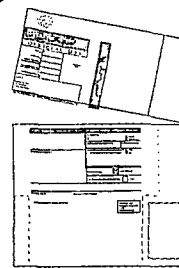
FANNIE SINGLETON
1126 FOREST DR
N MYRTLE BEACH, SC 29582

Batch #: 2189
 Article #: 71106605959000121719
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

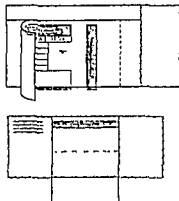
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1719	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: FANNIE SINGLETON 1126 FOREST DR N MYRTLE BEACH, SC 29582	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 1719	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: FANNIE SINGLETON 1126 FOREST DR N MYRTLE BEACH, SC 29582	A. Signature X Fannie Singleton	☐ Agent ☒ Addressee
	B. Received by (Printed Name) FANNIE SINGLETON	C. Date of Delivery 9-7-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2189
 Article #: 71106605959000121719
 Date/Time: 8/31/2010 10:48:43 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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7110 6605 9590 0012 1726

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

Deliver To
FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1726

FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

Batch #: 2189
Article #: 71106605959000121726
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

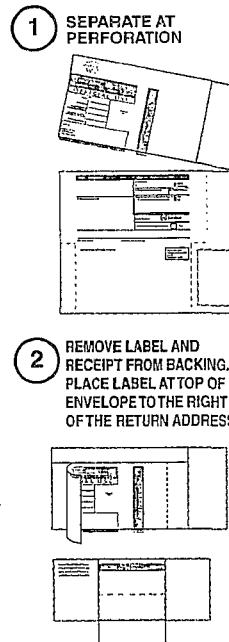
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1726	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 1726	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Bonnie Rogers</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Bonnie Rogers</i> C. Date of Delivery <i>9-7-16</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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1. Article Addressed to:

FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121726
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1733

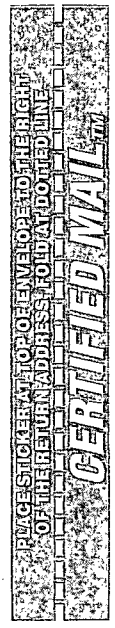
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

1. Article Addressed to:

FHW OIL & GAS LTD
PO BOX 221020
EL PASO, TX 79913

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1733

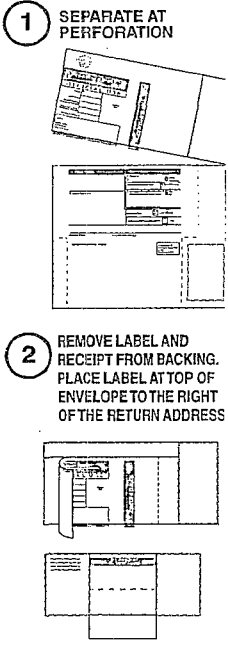
FHW OIL & GAS LTD
PO BOX 221020
EL PASO, TX 79913

Batch #: 2189
Article #: 71106605959000121733
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1733	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1733	A. Signature X Frances D. Weaver	☐ Agent ☒ Addressee
	B. Received by (Printed Name) FRANCES D. Weaver	C. Date of Delivery 9/15
	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 #: 2189
Article #: 71106605959000121733
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1757

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	

To
Fitting Family Partnership LLC
4813 Old Rough Rd
Riner, VA 24149-2113

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



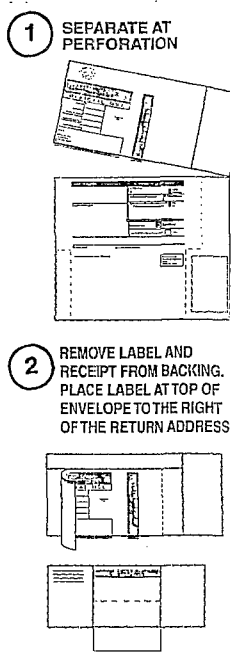
7110 6605 9590 0012 1757

FITTING FAMILY PARTNERSHIP LLC
4813 OLD ROUGH RD
RINER, VA 24149-2113

Batch #: 2189
Article #: 71106605959000121757
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

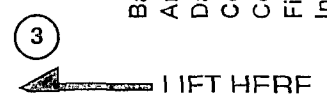
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1757	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FITTING FAMILY PARTNERSHIP LLC 4813 OLD ROUGH RD RINER, VA 24149-2113 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1757	COMPLETE THIS SECTION ON DELIVERY A. Signature X [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. Article Addressed to: FITTING FAMILY PARTNERSHIP LLC 4813 OLD ROUGH RD RINER, VA 24149-2113 Code: Allocation Project - D.Howell	

Batch #: 2189
Article #: 71106605959000121757
Date/Time: 8/31/2010 10:48:43 AM
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 (Postage Required)		\$2.30	
Restricted Delivery Fee (Postage Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Delivered to
FITTING-CHESNUT
PO BOX 782
MIDLAND, TX 79702-0782

PS Form 3811, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1764

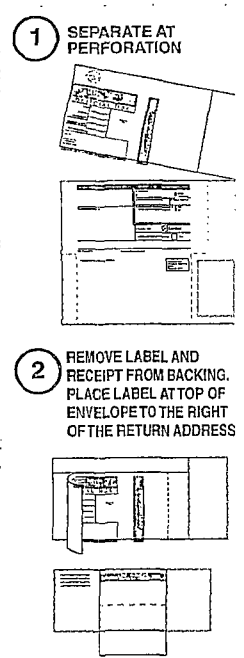
FITTING-CHESNUT
PO BOX 782
MIDLAND, TX 79702-0782

Batch #: 2189
Article #: 71106605959000121764
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1764	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: FITTING-CHESNUT PO BOX 782 MIDLAND, TX 79702-0782	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

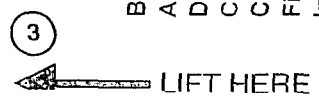
Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 1764	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) Vicki Haver C. Date of Delivery SEP 8 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: FITTING-CHESNUT PO BOX 782 MIDLAND, TX 79702-0782	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121764
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1771

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

it To
et, Apt. No.,
O Box No.
State, Zip+4

FJJD LIMITED PARTNERSHIP
PO BOX 22100
OKLAHOMA CITY, OK 73123

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1771

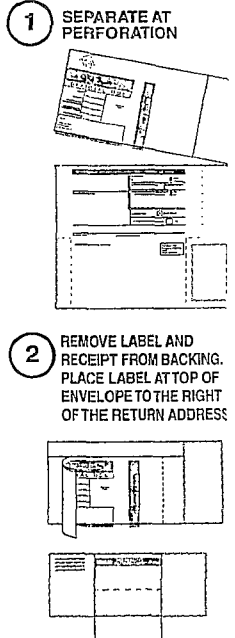
7110 6605 9590 0012 1771

FJJD LIMITED PARTNERSHIP
PO BOX 22100
OKLAHOMA CITY, OK 73123

Batch #: 2189
Article #: 71106605959000121771
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1771	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FJJD LIMITED PARTNERSHIP PO BOX 22100 OKLAHOMA CITY, OK 73123	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1771	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FJJD LIMITED PARTNERSHIP PO BOX 22100 OKLAHOMA CITY, OK 73123	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2189
Article #: 71106605959000121771
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1795

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

To
et, Apt. No.,
Box No.,
State, Zip+4

**FORCENERGY ONSHORE INC
C/O FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202**

Form 3811, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



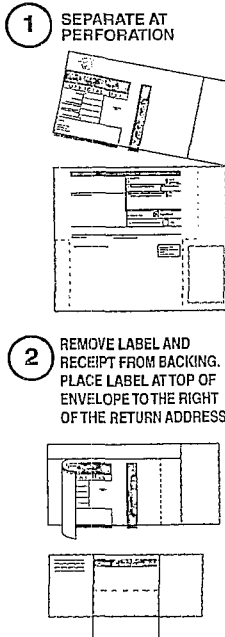
7110 6605 9590 0012 1795

**FORCENERGY ONSHORE INC
C/O FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202**

Batch #: 2189
Article #: 71106605959000121795
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1795	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FORCENERGY ONSHORE INC C/O FOREST OIL CORP 707 17TH ST, STE 3600 DENVER, CO 80202	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1795	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) SMANISCALDO C. Date of Delivery 9-3-10
FORCENERGY ONSHORE INC C/O FOREST OIL CORP 707 17TH ST, STE 3600 DENVER, CO 80202	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 #: 2189
Article #: 71106605959000121795
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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For details, visit our website at www.usps.com

7110 6605 9590 0012 1801

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	

At To
Forest Oil Corp
707 17TH ST, STE 3600
DENVER, CO 80202

Post Office Box No.
City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL

7110 6605 9590 0012 1801

FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Batch #: 2189
Article #: 71106605959000121801
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 1801

1. Article Addressed to:

FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

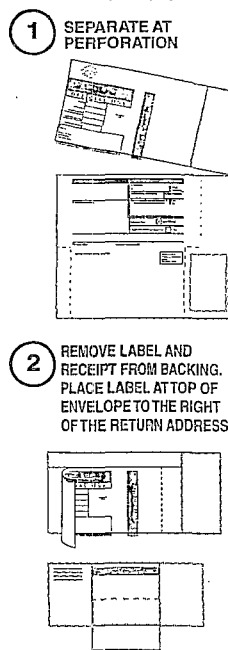
A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 1801

1. Article Addressed to:

FOREST OIL CORP
707 17TH ST, STE 3600
DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

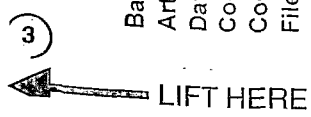
B. Received by (Printed Name) C. Date of Delivery

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 #: 2189
Article #: 71106605959000121801
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1818

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	

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

FOSTER MORRELL TRUST
P O BOX 5383
DENVER, CO 80217

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



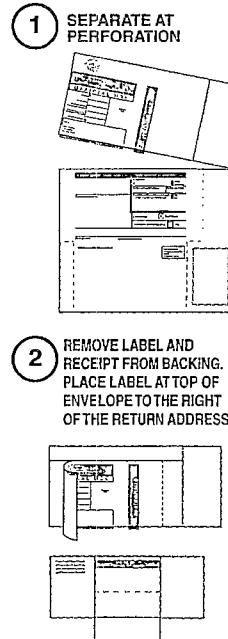
7110 6605 9590 0012 1818

FOSTER MORRELL TRUST
P O BOX 5383
DENVER, CO 80217

Batch #: 2190
Article #: 71106605959000121818
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1818	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FOSTER MORRELL TRUST P O BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1818	A. Signature X Matthew Morrell ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Matthew Morrell 9-7-10
FOSTER MORRELL TRUST P O BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121818
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1832

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

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

FRANCILLE TROIANI
12309 KINGSBROOK RD
OKLAHOMA CITY, OK 73142-5114

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



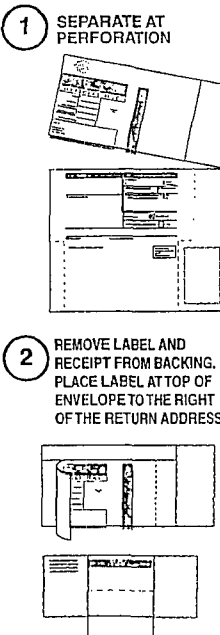
7110 6605 9590 0012 1832

FRANCILLE TROIANI
12309 KINGSBROOK RD
OKLAHOMA CITY, OK 73142-5114

Batch #: 2190
Article #: 7110605959000121832
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

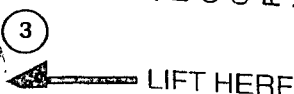
Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1832	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANCILLE TROIANI 12309 KINGSBROOK RD OKLAHOMA CITY, OK 73142-5114 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1832	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>L. Howell</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>LEE R. TROIANI</i> <i>9/4/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANCILLE TROIANI 12309 KINGSBROOK RD OKLAHOMA CITY, OK 73142-5114 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 7110605959000121832
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1740

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

to
FISHER MAYS INC
5374 S VALDAI WAY
AURORA, CO 80015

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1740

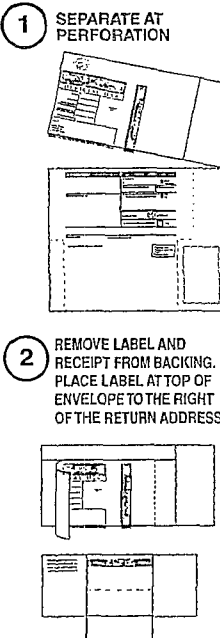
FISHER MAYS INC
5374 S VALDAI WAY
AURORA, CO 80015

Batch #: 2189
Article #: 71106605959000121740
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1740	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FISHER MAYS INC 5374 S VALDAI WAY AURORA, CO 80015	

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 1740	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Matthew Mays</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Matthew Mays</i> <i>9-8-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FISHER MAYS INC 5374 S VALDAI WAY AURORA, CO 80015	

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121740
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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Information on our website at www.usps.com
7110 6605 9590 0012 1825

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

to
Four Star Oil & Gas Company
NOJV Manager
PO BOX 2100
HOUSTON, TX 77252
State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



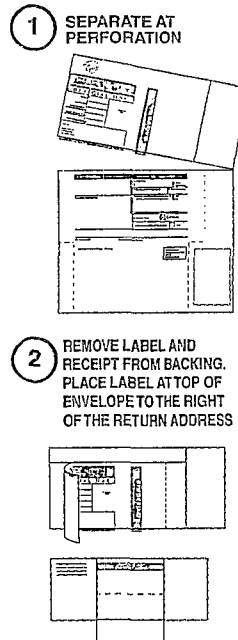
7110 6605 9590 0012 1825

FOUR STAR OIL & GAS COMPANY
NOJV MANAGER
PO BOX 2100
HOUSTON, TX 77252

Batch #: 2190
Article #: 71106605959000121825
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Header Form LCD-811H Rev. 01/07

2. Article Number 7110 6605 9590 0012 1825	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
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2. Article Number 7110 6605 9590 0012 1825	COMPLETE THIS SECTION ON DELIVERY A. Signature X [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
--	--

Batch #: 2190
Article #: 71106605959000121825
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1696

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
F J ODENDAHL INVESTMENTS INC
110 E 7TH AVENUE
COLONA, IL 61241

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1696

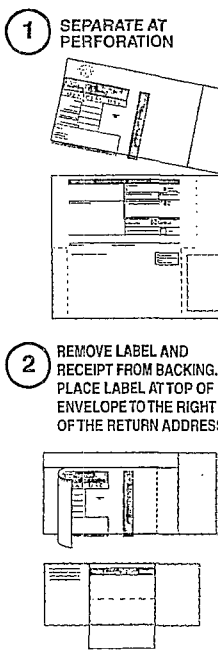
F J ODENDAHL INVESTMENTS INC
110 E 7TH AVENUE
COLONA, IL 61241

Batch #: 2189
Article #: 71106605959000121696
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 1696	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: F J ODENDAHL INVESTMENTS INC 110 E 7TH AVENUE COLONA, IL 61241	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 1696	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Lola J. Odendahl</i> B. Received by (Printed Name) <i>LOLA J. ODENDAHL</i> C. Date of Delivery <i>9-4-10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: F J ODENDAHL INVESTMENTS INC 110 E 7TH AVENUE COLONA, IL 61241	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121696
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1856

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

To
Frank A Cronican Sr & Harriett Bat
C/O Little Oil & Gas Inc
PO Box 1258
Farmington, NM 87499

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



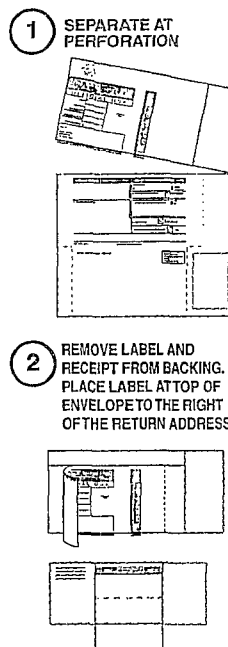
7110 6605 9590 0012 1856

FRANK A CRONICAN SR & HARRIETT BAT
C/O LITTLE OIL & GAS INC
PO BOX 1258
FARMINGTON, NM 87499

Batch #: 2190
Article #: 71106605959000121856
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form L01-8111H Rev. 07/07

2 Article Number 7110 6605 9590 0012 1856	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: FRANK A CRONICAN SR & HARRIETT BAT C/O LITTLE OIL & GAS INC PO BOX 1258 FARMINGTON, NM 87499	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



2 Article Number 7110 6605 9590 0012 1856	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: FRANK A CRONICAN SR & HARRIETT BAT C/O LITTLE OIL & GAS INC PO BOX 1258 FARMINGTON, NM 87499	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121856
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1863

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	

Deliver To
Set, Apt. No.,
PO Box No.
City, State, Zip+4

FRANK A POTENZIANI
POTENZIANI FAMILY PARTNERSHIP
P O BOX 676370
RANCHO SANTA FE, CA 92067-6370

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



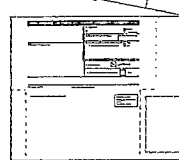
7110 6605 9590 0012 1863

FRANK A POTENZIANI
POTENZIANI FAMILY PARTNERSHIP
P O BOX 676370
RANCHO SANTA FE, CA 92067-6370

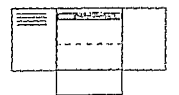
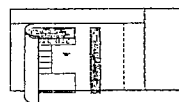
Batch #: 2190
Article #: 71106605959000121863
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811R rev. 01/07

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1863	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FRANK A POTENZIANI POTENZIANI FAMILY PARTNERSHIP P O BOX 676370 RANCHO SANTA FE, CA 92067-6370	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1863	A. Signature X <i>Reginald Abad</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FRANK A POTENZIANI POTENZIANI FAMILY PARTNERSHIP P O BOX 676370 RANCHO SANTA FE, CA 92067-6370	<i>Reginald Abad</i>	<i>9/18/10</i>
Code: Allocation Project - D.Howell	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 #: 2190
Article #: 71106605959000121863
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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 7110 6605 9590 0012 1870

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	

At To
 set, Apt. No.,
 PO Box No.
 y, State, Zip+4

FRANK ANDREW FASKEN
4095 SUNSET VIEW
PARIS, TX 75462

Form 3800, August 2009, See Reverse for Instructions

Code: Allocation Project - D.Howell



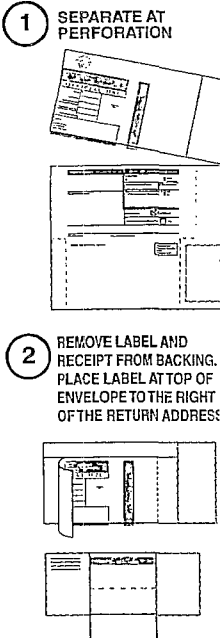
7110 6605 9590 0012 1870

FRANK ANDREW FASKEN
4095 SUNSET VIEW
PARIS, TX 75462

Batch #: 2190
 Article #: 71106605959000121870
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1870		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
FRANK ANDREW FASKEN 4095 SUNSET VIEW PARIS, TX 75462		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1870		A. Signature X <i>Tracy Wolf</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Tracy Wolf</i>	C. Date of Delivery <i>9-9-16</i>
FRANK ANDREW FASKEN 4095 SUNSET VIEW PARIS, TX 75462		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

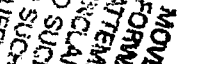
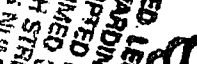
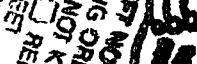
Batch #: 2190
 Article #: 71106605959000121870
 Date/Time: 8/31/2010 11:33:27 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

ConocoPhillips

2120 6605 9590 0012 1894

Q-20





















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For information, visit our website at www.usps.com.
7110 6605 9590 0012 1894

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

FRANK B GERSBACH AND MAE B GERSBACH
329 RD. 6100, NBU 14 - BOX 8
KIRKLAND, NM 87417

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



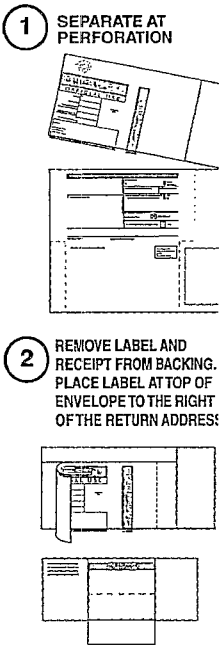
7110 6605 9590 0012 1894

FRANK B GERSBACH AND MAE B GERSBACH
329 RD. 6100, NBU 14 - BOX 8
KIRKLAND, NM 87417

Batch #: 2190
Article #: 71106605959000121894
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP-841R rev. 01/07

2. Article Number 7110 6605 9590 0012 1894	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANK B GERSBACH AND MAE B GERSBACH 329 RD. 6100, NBU 14 - BOX 8 KIRKLAND, NM 87417	
Code: Allocation Project - D.Howell	



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

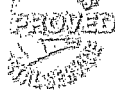


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2190
Article #: 71106605959000121894
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Information Visit our website at www.usps.com

7110 6605 9590 0012 1788

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

FLORENCIA EXPLORATION INC
PO BOX 1817
SAN ANTONIO, TX 78296-1817

PS Form 3811, August 2006, SPS See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1788

FLORENCIA EXPLORATION INC
PO BOX 1817
SAN ANTONIO, TX 78296-1817

Batch #: 2189
Article #: 71106605959000121788
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
Internal File #:
Internal Code #:

Reorder Form LCD- rev. 01/07

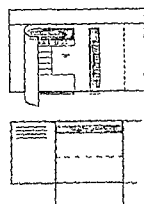
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1788	A. Signature X ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FLORENCIA EXPLORATION INC PO BOX 1817 SAN ANTONIO, TX 78296-1817	D. Is delivery address different from item 1? ☐ 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 BACK. PLACE LABEL AT TOP OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1788	A. Signature X ☒ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) Dan Monahan	C. Date of Delivery SEP 09 2010
FLORENCIA EXPLORATION INC PO BOX 1817 SAN ANTONIO, TX 78296-1817	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 #: 2189
Article #: 71106605959000121788
Date/Time: 8/31/2010 10:48:43 AM
Code: Allocation Project - D.Howell
Code2:
Internal File #:
Internal Code #:

3



U.S. Postal Service™
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7110 6605 9590 0013 3484

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
FRANCES LAYLAND
1878 HOOKER OAK
CHICO, CA 95926

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

PS Form 3800, August 2006 See Reverse for Instructions

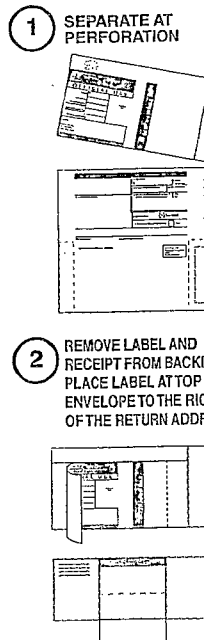
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL™

7110 6605 9590 0013 3484

FRANCES LAYLAND
1878 HOOKER OAK
CHICO, CA 95926

Batch #: 2272
Article #: 71106605959000133484
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3484	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANCES LAYLAND 1878 HOOKER OAK CHICO, CA 95926	



2. Article Number 7110 6605 9590 0013 3484	COMPLETE THIS SECTION ON DELIVERY A. Signature X John M Silva ☐ Agent ☐ Addressee B. Received by (Printed Name) John Silva C. Date of Delivery 9-20-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANCES LAYLAND 1878 HOOKER OAK CHICO, CA 95926	

Batch #: 2272
Article #: 71106605959000133484
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1849

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: FRANCIS LEROY CANDELARIA
PO BOX 348
BLANCO, NM 87412

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1849

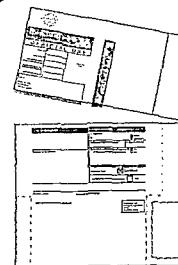
FRANCIS LEROY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2190
Article #: 71106605959000121849
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

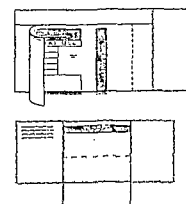
Reorder Form LCR rev. 01/07

2. Article Number 7110 6605 9590 0012 1849	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANCIS LEROY CANDELARIA PO BOX 348 BLANCO, NM 87412 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 1849	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Can Delan</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-10-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANCIS LEROY CANDELARIA PO BOX 348 BLANCO, NM 87412 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121849
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1900

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

FRANK CRONICAN SR
C/O LITTLE OIL & GAS INC AGENT
PO BOX 1258
FARMINGTON, NM 87499-1258

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



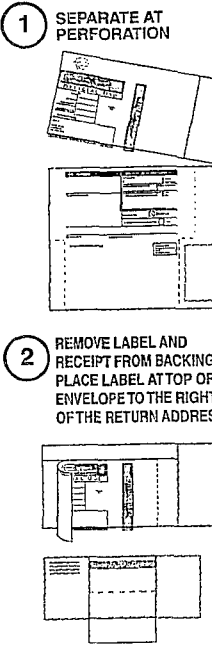
7110 6605 9590 0012 1900

FRANK CRONICAN SR
C/O LITTLE OIL & GAS INC AGENT
PO BOX 1258
FARMINGTON, NM 87499-1258

Batch #: 2190
Article #: 71106605959000121900
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC 111R rev. 01/07

2: Article Number 7110 6605 9590 0012 1900	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANK CRONICAN SR C/O LITTLE OIL & GAS INC AGENT PO BOX 1258 FARMINGTON, NM 87499-1258 Code: Allocation Project - D.Howell	



2: Article Number 7110 6605 9590 0012 1900	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Suzanne</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Suzanne</i> <i>9/03/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANK CRONICAN SR C/O LITTLE OIL & GAS INC AGENT PO BOX 1258 FARMINGTON, NM 87499-1258 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121900
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1887

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

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

FRANK B GERSBACH &
RR 2 BOX 11
SAPELLO, NM 87745

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1887

FRANK B GERSBACH &
RR 2 BOX 11
SAPELLO, NM 87745

Batch #: 2190
Article #: 71106605959000121887
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LC-111 R rev. 01/07

2. Article Number 7110 6605 9590 0012 1887	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANK B GERSBACH & RR 2 BOX 11 SAPELLO, NM 87745 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

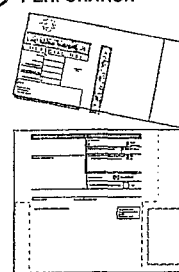
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2190
Article #: 71106605959000121887
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

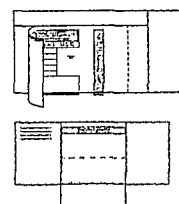
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
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7110 6605 9590 0012 1917

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

Delivered To
FRANK J WILLIAMSEN
2121 CHATSWORTH DR
CARROLLTON, TX 75006
Street, Apt. No.,
PO Box No.
City, State, Zip+4
Form 3800, August 2006, PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1917

FRANK J WILLIAMSEN
2121 CHATSWORTH DR
CARROLLTON, TX 75006

Batch #: 2190
Article #: 71106605959000121917
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

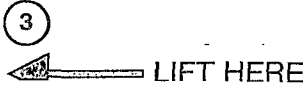
Reorder Form LC 3811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1917	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANK J WILLIAMSEN 2121 CHATSWORTH DR CARROLLTON, TX 75006 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 #: 2190
Article #: 71106605959000121917
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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CERTIFIED MAIL RECEIPT
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For more information, visit our website at www.usps.com
7110 6605 9590 0012 1924

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

FRANK M. ELAM
16015 DIANA LANE
HOUSTON, TX 77062

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1924

FRANK M. ELAM
16015 DIANA LANE
HOUSTON, TX 77062

Batch #: 2190
Article #: 71106605959000121924
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

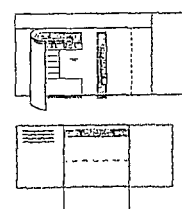
Reorder Form LCP-PSN R rev. 01/07

2. Article Number 7110 6605 9590 0012 1924	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANK M. ELAM 16015 DIANA LANE HOUSTON, TX 77062 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 1924	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRANK M. ELAM 16015 DIANA LANE HOUSTON, TX 77062 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121924
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 1948

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

Delivered To
FRED ELTON SPENCER
10717 CRYSTAL CREEK DR
MUSTANG, OK 73064-9382

City, State, Zip+4

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1948

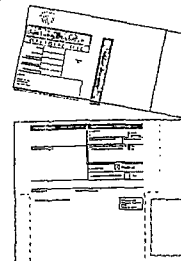
FRED ELTON SPENCER
10717 CRYSTAL CREEK DR
MUSTANG, OK 73064-9382

Batch #: 2190
Article #: 71106605959000121948
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

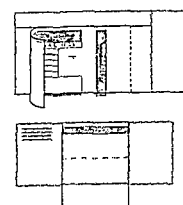
Reorder Form LCP-111R rev. 01/07

2. Article Number 7110 6605 9590 0012 1948	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRED ELTON SPENCER 10717 CRYSTAL CREEK DR MUSTANG, OK 73064-9382	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

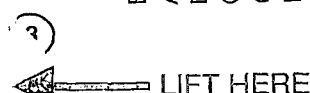


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 1948	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRED ELTON SPENCER 10717 CRYSTAL CREEK DR MUSTANG, OK 73064-9382	
Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121948
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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Information visit our website at www.usps.com
7110 6605 9590 0012 1955

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	

nt To
reet, Apt. No.;
PO Box No.
y, State, Zip+4

FREDDA LOUISE BLACK
ATTN BILL HILL
310 W WALL ST SUITE 1200
MIDLAND, TX 79701

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1955

FREDDA LOUISE BLACK
ATTN BILL HILL
310 W WALL ST SUITE 1200
MIDLAND, TX 79701

Batch #: 2190
Article #: 71106605959000121955
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1955	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FREDDA LOUISE BLACK ATTN BILL HILL 310 W WALL ST SUITE 1200 MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

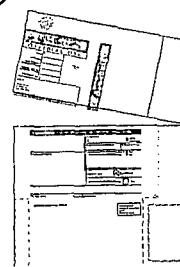
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1955	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FREDDA LOUISE BLACK ATTN BILL HILL 310 W WALL ST SUITE 1200 MIDLAND, TX 79701	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

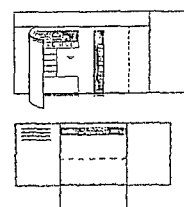
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2190
Article #: 71106605959000121955
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

LIFT HERE



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

7110 6605 9590 0013 3491

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

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

FREDERIC L KIRGIS
15 GREY DOVE RD
LEXINGTON, VA 24450

PS Form 3800, August 2005 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 3491

FREDERIC L KIRGIS
15 GREY DOVE RD

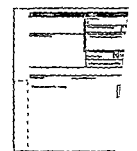
LEXINGTON, VA 24450

Batch #: 2272
Article #: 71106605959000133491
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code 2:
File #:
Internal File #:

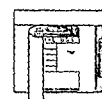
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3491	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FREDERIC L KIRGIS 15 GREY DOVE RD LEXINGTON, VA 24450	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 FROM RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETU



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3491	A. Signature X <i>F. L. Kirgis</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>9/17/10</i>
FREDERIC L KIRGIS 15 GREY DOVE RD LEXINGTON, VA 24450	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 #: 2272
Article #: 71106605959000133491
Date/Time: 9/14/2010 3:26:44 PM
Code:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information visit our website at www.usps.com
7110 6605 9590 0012 1962

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

FREDERICK F WEBSTER JR SELF DECL RE
945 WOODLAND DR
GLENVIEW, IL 60025

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1962

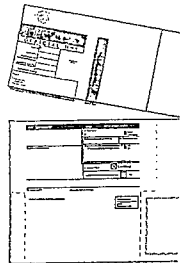
FREDERICK F WEBSTER JR SELF DECL RE
945 WOODLAND DR
GLENVIEW, IL 60025

Batch #: 2190
Article #: 71106605959000121962
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

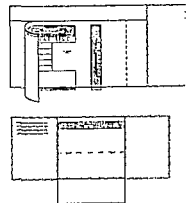
Reorder Form LCP 11/07 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1962	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
FREDERICK F WEBSTER JR SELF DECL RE 945 WOODLAND DR GLENVIEW, IL 60025	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1962	A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/2/10
FREDERICK F WEBSTER JR SELF DECL RE 945 WOODLAND DR GLENVIEW, IL 60025	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2190
Article #: 71106605959000121962
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 1979

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

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

FREDERICKSBURG ROYALTY LTD
PO BOX 1481
SAN ANTONIO, TX 78295-1481

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



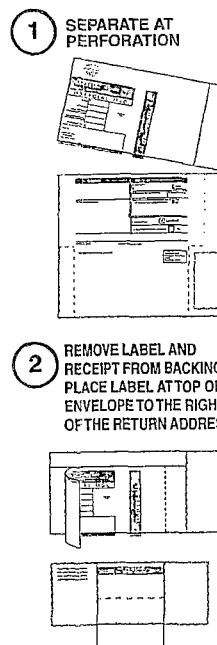
7110 6605 9590 0012 1979

FREDERICKSBURG ROYALTY LTD
PO BOX 1481
SAN ANTONIO, TX 78295-1481

Batch #: 2190
Article #: 71106605959000121979
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 1979	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FREDERICKSBURG ROYALTY LTD PO BOX 1481 SAN ANTONIO, TX 78295-1481 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1979	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Dur Moreno</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Dur Moreno</i> C. Date of Delivery SEP 08 2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FREDERICKSBURG ROYALTY LTD PO BOX 1481 SAN ANTONIO, TX 78295-1481 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121979
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 1986

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

Freeman Rodney Fitting
C/O B L Harbert International LLC
3537 Mitchell Lane
Bessemer, AL 35023

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1986

Freeman Rodney Fitting
C/O B L Harbert International LLC
3537 Mitchell Lane
Bessemer, AL 35023

Batch #: 2190
Article #: 71106605959000121986
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LPS 3811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1986	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: Freeman Rodney Fitting C/O B L Harbert International LLC 3537 Mitchell Lane Bessemer, AL 35023	
Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

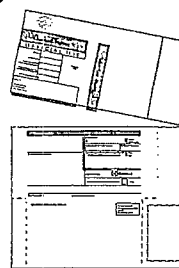
UNITED STATES POSTAL SERVICE



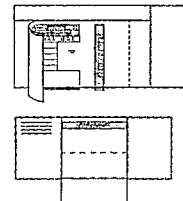
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

1 SEPARATE AT PERFORATION



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



3

LIFT HERE

Batch #: 2190
Article #: 71106605959000121986
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
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Information visit our website at www.usps.com
7110 6605 9590 0012 1993

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	

nt To
FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



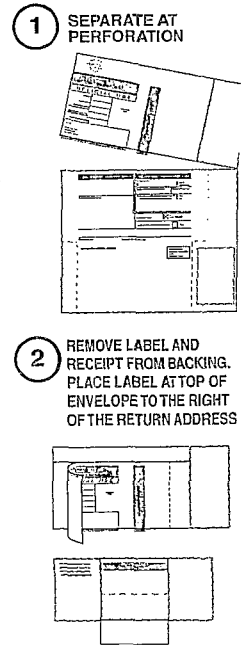
7110 6605 9590 0012 1993

FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870

Batch #: 2190
Article #: 71106605959000121993
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 841R rev. 01/07

2. Article Number 7110 6605 9590 0012 1993	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRIEDA M HOLT 151 WOODPECKER LN PORT MATILDA, PA 16870 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1993	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Carl M Fisher</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) CARL M FISHER C. Date of Delivery 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
1. Article Addressed to: FRIEDA M HOLT 151 WOODPECKER LN PORT MATILDA, PA 16870 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000121993
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 2006

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

Send To
FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870
Post, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



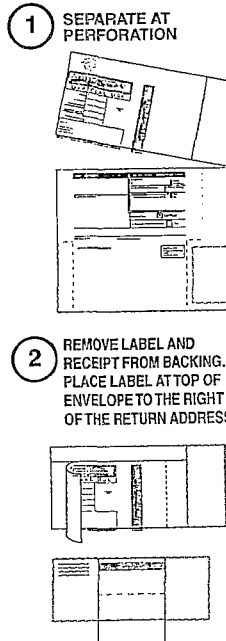
7110 6605 9590 0012 2006

FRIEDA M HOLT
151 WOODPECKER LN
PORT MATILDA, PA 16870

Batch #: 2190
Article #: 71106605959000122006
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP-11R rev. 01/07

2. Article Number 7110 6605 9590 0012 2006	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: FRIEDA M HOLT 151 WOODPECKER LN PORT MATILDA, PA 16870 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 2006	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery CARL M. FISHER 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
1. Article Addressed to: FRIEDA M HOLT 151 WOODPECKER LN PORT MATILDA, PA 16870 Code: Allocation Project - D.Howell	

Batch #: 2190
Article #: 71106605959000122006
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #: