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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	

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

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1689

F F 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 #:

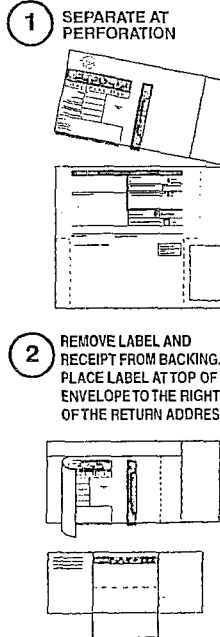
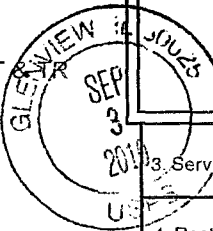
Reorder Form LCD-811R rev. 01/07

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
F F 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	
	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 1689	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
F F 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	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Code: Allocation Project - D.Howell



Batch #: 2189
Article #: 71106605959000121689
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 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	

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

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

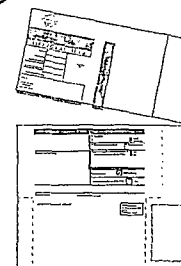
F LOUIS TUCKER JR
PO BOX 2822
HOUSTON, TX 77252-2822

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

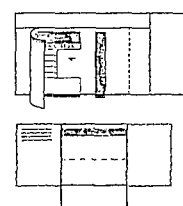
Reorder Form LCD-811R rev. 01/07

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
1. Article Addressed to: F LOUIS TUCKER JR PO BOX 2822 HOUSTON, TX 77252-2822	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 1702	COMPLETE THIS SECTION ON DELIVERY A. Signature X J. FEIDEN ☐ 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
1. Article Addressed to: F LOUIS TUCKER JR PO BOX 2822 HOUSTON, TX 77252-2822	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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

3

IFT HERE



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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	

Deliver To
FANNIE SINGLETON
1126 FOREST DR
N MYRTLE BEACH, SC 29582

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

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



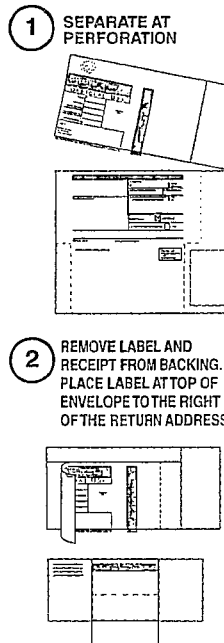
7110 6605 9590 0012 1719

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1719	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		

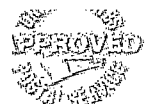


2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1719	A. Signature X Fannie Singleton	☐ Agent ☒ Addressee
	B. Received by (Printed Name) FANNIE SINGLETON	C. Date of Delivery 9-7-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	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

11 FT HERE



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7110 6605 9590 0012 1726

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
FASKEN FOUNDATION
PO BOX 2024
MIDLAND, TX 79702

Set, Apt. No.;
PO Box No.
State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



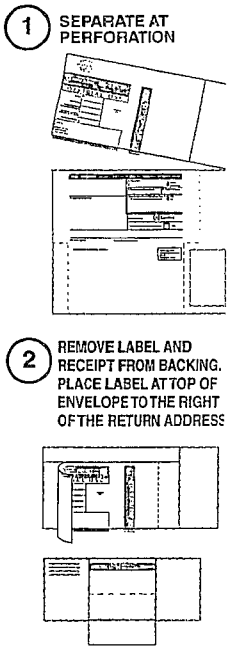
7110 6605 9590 0012 1726

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-011R rev. 01/07

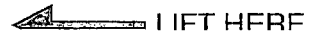
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1726	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FASKEN FOUNDATION PO BOX 2024 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery 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 1726	A. Signature X <i>Bonnie Rogers</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Bonnie Rogers</i> <i>9-7-16</i>
FASKEN FOUNDATION PO BOX 2024 MIDLAND, TX 79702	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 #: 71106605959000121726
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 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 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



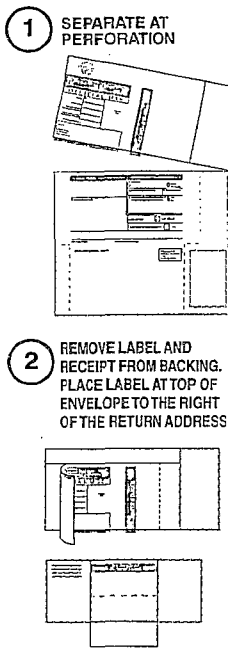
7110 6605 9590 0012 1733

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
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FHW OIL & GAS LTD PO BOX 221020 EL PASO, TX 79913	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 1733	A. Signature X <i>Frances H. Weaver</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FHW OIL & GAS LTD PO BOX 221020 EL PASO, TX 79913	<i>FRANCES H. Weaver</i> <i>9/15</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 #: 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 (Postage and Insurance Required)		\$2.30	
Restricted Delivery Fee (Postage and Insurance Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1757

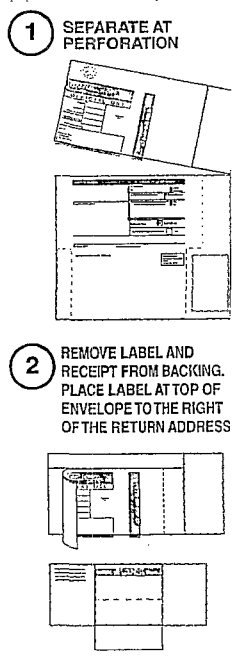
FITTING FAMILY PARTNERSHIP LLC
4813 OLD ROUGH RD
RINER, VA 24149-2113

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

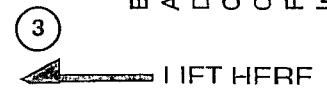
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1757	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FITTING FAMILY PARTNERSHIP LLC 4813 OLD ROUGH RD RINER, VA 24149-2113	D. Is 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 #: 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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7110 6605 9590 0012 1764

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:
Fitting-Chesnut
PO BOX 782
MIDLAND, TX 79702-0782

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



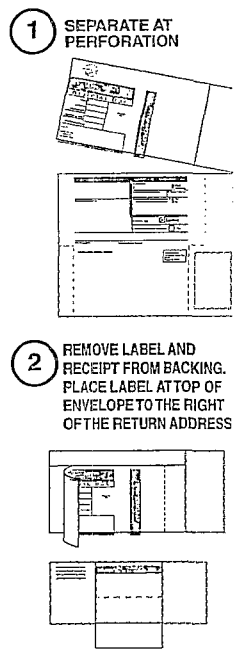
7110 6605 9590 0012 1764

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 ☐ 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-CHESNUT PO BOX 782 MIDLAND, TX 79702-0782 Code: Allocation Project - D.Howell	



PS Form 3811

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 3 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: FITTING-CHESNUT PO BOX 782 MIDLAND, TX 79702-0782 Code: Allocation Project - D.Howell	

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LIFT HERE

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 (Postage Required)		\$2.30	
Restricted Delivery Fee (Postage Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

Deliver To
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

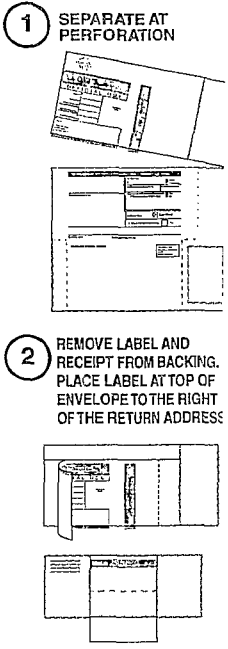
FJJD LIMITED PARTNERSHIP
PO BOX 22100
OKLAHOMA CITY, OK 73123

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 7110 6605 9590 0012 1771	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
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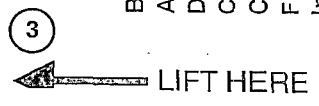
Code: Allocation Project - D.Howell



2. Article Number 7110 6605 9590 0012 1771	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Code: Allocation Project - D.Howell

Batch #: 2189
Article #: 71106605959000121771
Date/Time: 8/31/2010 10:48:43 AM
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 0012 1795

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
Attn: Apt. No.;
Post Office Box No.
City, State, Zip+4

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

Form 3800, August 2003 See Reverse for Instructions

Code: Allocation Project - D.Howell



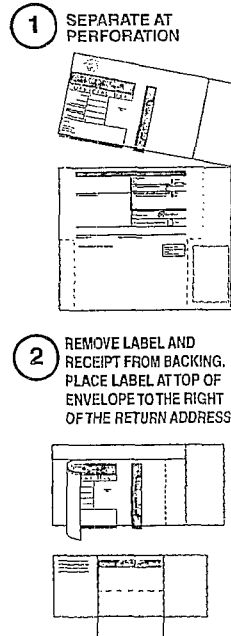
7110 6605 9590 0012 1795

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 #:

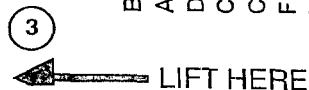
Reorder Form LCD-811R rev. 01/07

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) C. Date of Delivery
FORCENERGY ONSHORE INC C/O FOREST OIL CORP 707 17TH ST, STE 3600 DENVER, CO 80202	SMITHSCALDO 9-3-10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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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CERTIFIED MAIL RECEIPT
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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	

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

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

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™

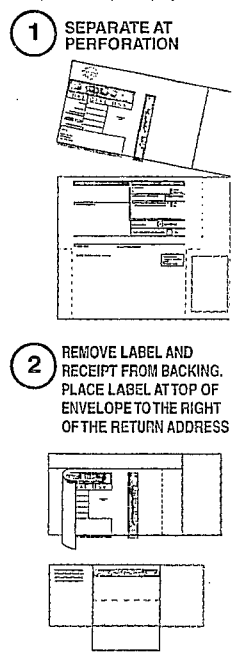
7110 6605 9590 0012 1801

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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1801	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
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
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 1801	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
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
Code: Allocation Project - D.Howell	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 #:



U.S. Postal Service
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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	

1. To
Foster Morrell Trust
P O BOX 5383
DENVER, CO 80217

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™

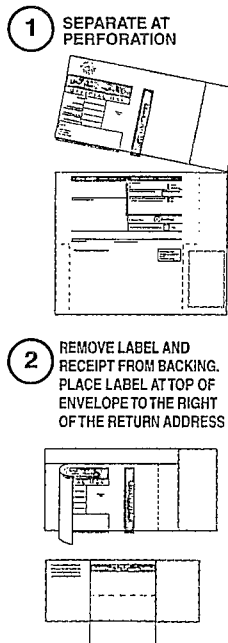
7110 6605 9590 0012 1818

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 7110 6605 9590 0012 1818	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: FOSTER MORRELL TRUST P O BOX 5383 DENVER, CO 80217	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	



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

To
Francille Troiani
12309 Kingsbrook Rd
Oklahoma City, OK 73142-5114

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 0012 1832

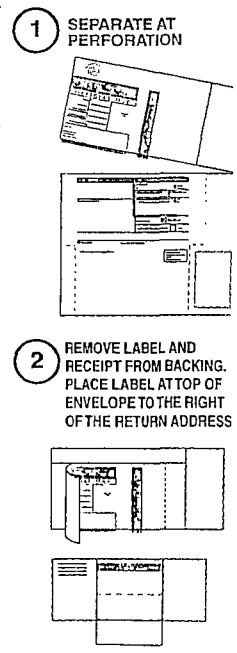
FRANCILLE TROIANI
12309 KINGSBROOK RD
OKLAHOMA CITY, OK 73142-5114

Code: Allocation Project - D.Howell

Batch #: 2190
Article #: 71106605959000121832
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 7110 6605 9590 0012 1832	COMPLETE THIS SECTION ON DELIVERY A. Signature X B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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>Lee R. Troiani</i> B. Received by (Printed Name) <i>LEE R. TROIANI</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 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 #: 71106605959000121832
Date/Time: 8/31/2010 11:33:26 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE



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Information on our website at www.usps.com

7110 6605 9590 0012 1740

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

Deliver 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 #:

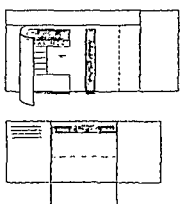
Reorder Form LCD-811R rev. 01/07

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	

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 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> 9-8-10 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: 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 #:



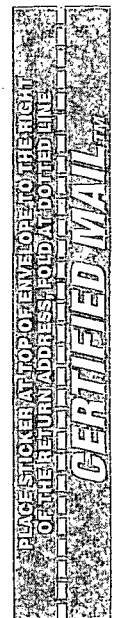
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
Information: Visit our website at www.usps.com
7110 6605 9590 0012 1825

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



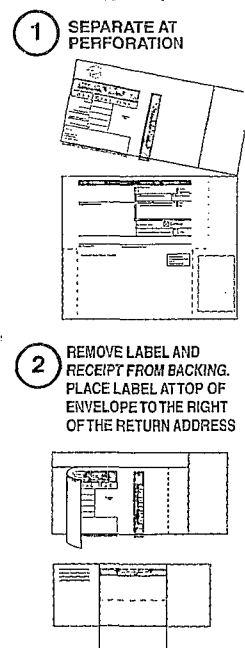
7110 6605 9590 0012 1825

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 #:

PS Form 3811 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
1. Article Addressed to: FOUR STAR OIL & GAS COMPANY NOJV MANAGER PO BOX 2100 HOUSTON, TX 77252 Code: Allocation Project - D.Howell	



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
1. Article Addressed to: FOUR STAR OIL & GAS COMPANY NOJV MANAGER PO BOX 2100 HOUSTON, TX 77252 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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Information on this form is available at www.usps.com
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	

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

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



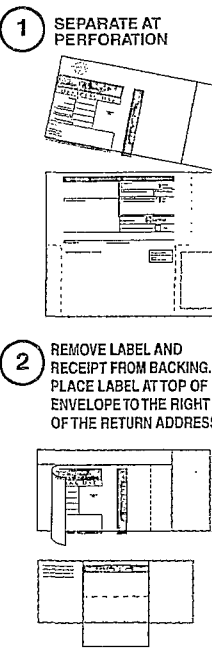
7110 6605 9590 0012 1696

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-811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1696	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 J ODENDAHL INVESTMENTS INC 110 E 7TH AVENUE COLONA, IL 61241 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> ☐ Agent ☐ Addressee B. Received by (Printed Name) LOLA J. ODENDAHL C. Date of Delivery 9-4-10 8:16 D. Is 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 J ODENDAHL INVESTMENTS INC 110 E 7TH AVENUE COLONA, IL 61241 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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 Information on our website at www.usps.com

7110 6605 9590 0012 1856

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

State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



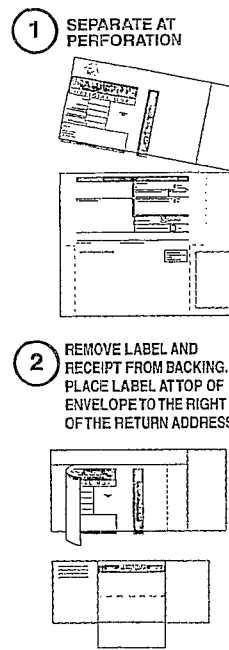
7110 6605 9590 0012 1856

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 #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1856	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	
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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1856	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	
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	

Postmark Here

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

Post To

Post, Apt. No.;

P.O. Box No.

City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1863

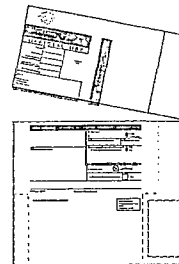
FRANK A POTENZIANI
POTENZIANI FAMILY PARTNERSHIP
P O BOX 676370
RANCHO SANTA FE, CA 92067-6370

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

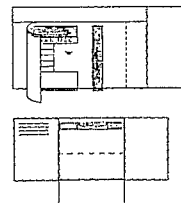
Reorder Form LCD-811PR rev. 01/07

2. Article Number 7110 6605 9590 0012 1863	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 POTENZIANI POTENZIANI FAMILY PARTNERSHIP P O BOX 676370 RANCHO SANTA FE, CA 92067-6370	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 1863	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Reginald</i> X <i>676370</i> B. Received by (Printed Name) <i>Reginald</i> C. Date of Delivery <i>9/8/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: FRANK A POTENZIANI POTENZIANI FAMILY PARTNERSHIP P O BOX 676370 RANCHO SANTA FE, CA 92067-6370	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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	

1st To
Set, Apt. No.,
PO Box No.
City, State, Zip+4

FRANK ANDREW FASKEN
4095 SUNSET VIEW
PARIS, TX 75462

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



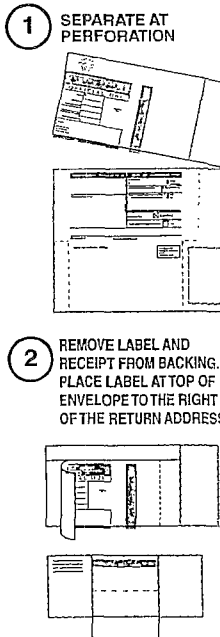
7110 6605 9590 0012 1870

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 7110 6605 9590 0012 1870	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 ANDREW FASKEN 4095 SUNSET VIEW PARIS, TX 75462	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 1870	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Troy Wolf</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Troy Wolf</i> C. Date of Delivery <i>9-9-16</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
1. Article Addressed to: FRANK ANDREW FASKEN 4095 SUNSET VIEW PARIS, TX 75462	
Code: Allocation Project - D.Howell	

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

7120 6605 9590 0012 1894

QVR
4-20


MOVED, LEFT NO ADDRESS
ATTEMPTING ORDER EXPIRED
UNCLAIMED, NOT KNOWN
NO SUCH STREET, REFUSED
INSUFFICIENT ADDRESS

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



UNITED STATES
02 1R
000655
MAILED 1

9-3
9-8
9-18



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 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

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 LCR-341R rev. 01/07

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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

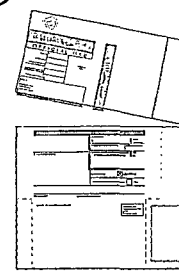
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

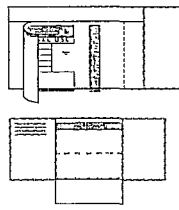
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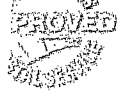
LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0012 1788

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

sent To

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



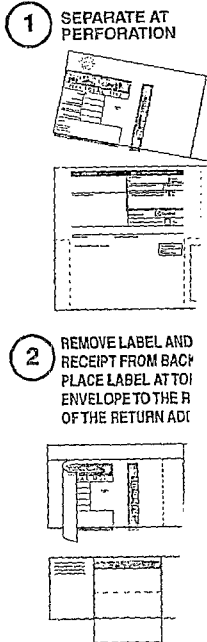
7110 6605 9590 0012 1788

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:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1788		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	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes	
FLORENCIA EXPLORATION INC PO BOX 1817 SAN ANTONIO, TX 78296-1817			
Code: Allocation Project - D.Howell			



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 1788		A. Signature ☐ Agent X ☐ Addressee	
		B. Received by (Printed Name) Dan Moreau	C. Date of Delivery SEP 09 2010
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes	
FLORENCIA EXPLORATION INC PO BOX 1817 SAN ANTONIO, TX 78296-1817			
Code: Allocation Project - D.Howell			

Batch #: 2189
Article #: 71106605959000121788
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 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	

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

FRANCES LAYLAND
1878 HOOKER OAK
CHICO, CA 95926

Form 3800, August 2006 See Reverse for Instructions



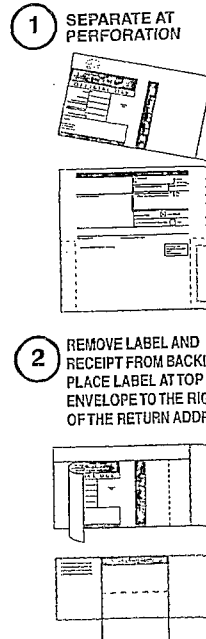
7110 6605 9590 0013 3484

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 #:

Reorder Form LCD-8 Rev. 01/07

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3484	A. Signature X <i>John M Silva</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>John Silva</i> <i>9-20-10</i>
FRANCES LAYLAND 1878 HOOKER OAK CHICO, CA 95926	D. Is 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 #: 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	

Post To
Francis Leroy Canelaria
PO BOX 348
BLANCO, NM 87412

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 1849

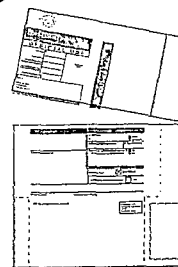
FRANCIS LEROY CANDELARIA
PO BOX 348
BLANCO, NM 87412

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

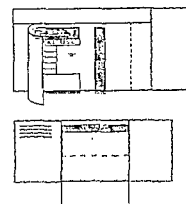
Reorder Form LC-100 R rev. 01/07

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 ☐ 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	

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

3
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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	

Postage To
Street, 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 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1900

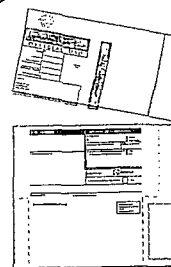
FRANK CRONICAN SR
C/O LITTLE OIL & GAS INC AGENT
PO BOX 1258
FARMINGTON, NM 87499-1258

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

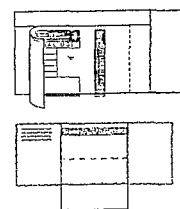
Reorder Form LC-111R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1900	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
FRANK CRONICAN SR C/O LITTLE OIL & GAS INC AGENT PO BOX 1258 FARMINGTON, NM 87499-1258	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

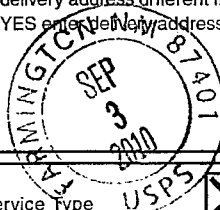
1 SEPARATE AT PERFORATION



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 1900	A. Signature X <i>Suzanne</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Suzanne</i> <i>9/03/10</i>
FRANK CRONICAN SR C/O LITTLE OIL & GAS INC AGENT PO BOX 1258 FARMINGTON, NM 87499-1258	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 #: 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
**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-111R rev. 01/07

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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

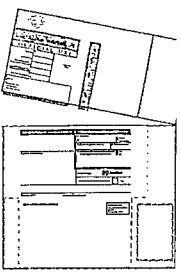
**Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499**

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

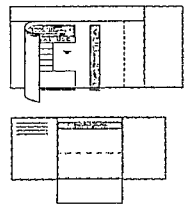
3

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





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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	

Post To
FRANK J WILLIAMSEN
2121 CHATSWORTH DR
CARROLLTON, TX 75006

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 1917

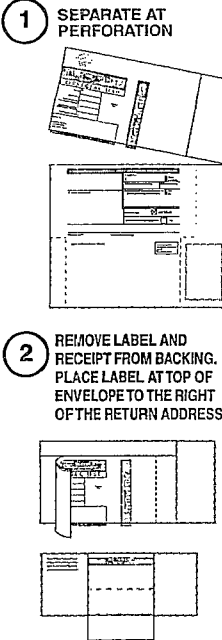
FRANK J WILLIAMSEN
2121 CHATSWORTH DR
CARROLLTON, TX 75006

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 L-111R rev. 01/07

2. Article Number 7110 6605 9590 0012 1917	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: FRANK J WILLIAMSEN 2121 CHATSWORTH DR CARROLLTON, TX 75006	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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

3

LIFT HERE



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7110 6605 9590 0012 1924

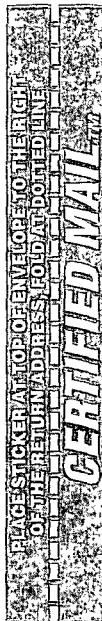
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Delivered to
FRANK M. ELAM
16015 DIANA LANE
HOUSTON, TX 77062

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

Form 3800, August 2006-1. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 1924

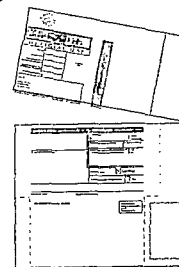
FRANK M. ELAM
16015 DIANA LANE
HOUSTON, TX 77062

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

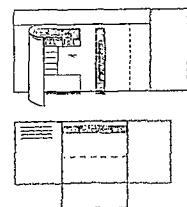
Reorder Form LCP-100-R rev. 01/07

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 <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>F. P. [Signature]</i> C. Date of Delivery <i>8/17/10</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 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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



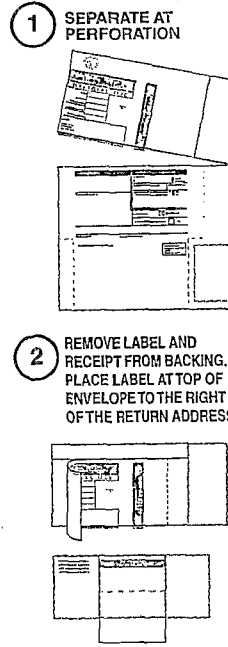
7110 6605 9590 0012 1948

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 #:

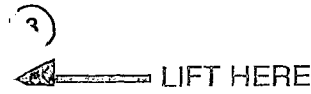
Reorder Form LCD 11/07 rev. 01/07

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	



2. Article Number 7110 6605 9590 0012 1948	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Fred Spencer</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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 #:





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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	

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

Postage

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 1955

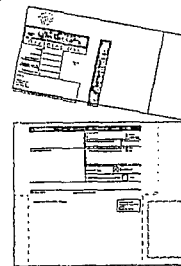
FREDDA LOUISE BLACK
ATTN BILL HILL
310 W WALL ST SUITE 1200
MIDLAND, TX 79701

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

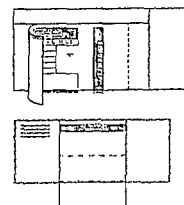
Reorder Form LCD 3811R rev. 01/07

2. Article Number 7110 6605 9590 0012 1955	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



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



PS Form 3811

2. Article Number 7110 6605 9590 0012 1955	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

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

PS Form 3811

Domestic Return Receipt

3

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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.
 City, State, Zip+4

FREDERIC L KIRGIS
 15 GREY DOVE RD
 LEXINGTON, VA 24450

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 #:
 Internal Code #:

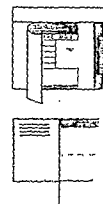
Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3491	A. Signature ☐ Agent X ☐ 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 RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETU



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3491	A. Signature ☐ Agent X <i>F. L. Kirgis</i> ☐ 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	

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For 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	

Post 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

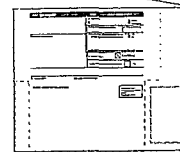
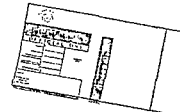
FREDERICK F WEBSTER JR SELF DECL RE
945 WOODLAND DR
GLENVIEW, IL 60025

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

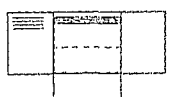
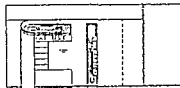
Reorder Form LCR 01/07

2. Article Number 7110 6605 9590 0012 1962	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 1962	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 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
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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	

Postage To: **FREDERICKSBURG ROYALTY LTD**
PO BOX 1481
SAN ANTONIO, TX 78295-1481

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



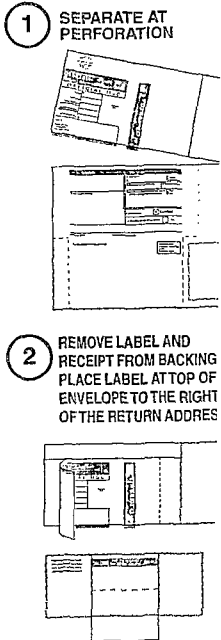
7110 6605 9590 0012 1979

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	

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

Post Office, 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 1986

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

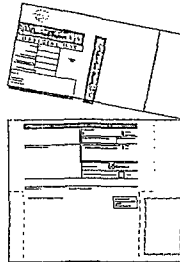
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LPS-811R rev. 01/07

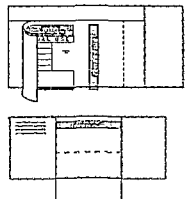
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 1986	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: Freeman Rodney Fitting C/O B L Harbert International LLC 3537 Mitchell Lane Bessemer, AL 35023	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address 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



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

3

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

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

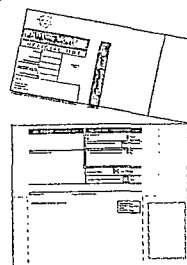
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Article #: 71106605959000121993
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 841R rev. 01/07

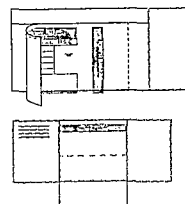
2. Article Number 7110 6605 9590 0012 1993	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery?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

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 0012 1993	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 #: 71106605959000121993
Date/Time: 8/31/2010 11:33:27 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811

Domestic Return Receipt

3

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



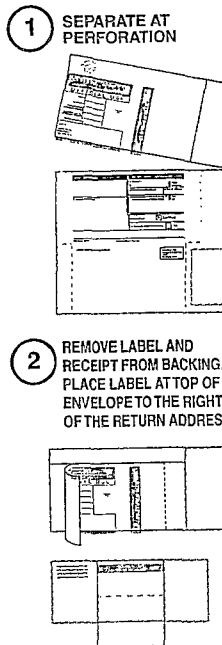
7110 6605 9590 0012 2006

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 3811R 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 #: