



U.S. Postal Service
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7110 6605 9590 0012 2570

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
 HALLETT MENGEL LUSCOMBE
 13 IOWA CIR
 PLATTSBURGH, NY 12903-4014

Form 3800, August 2006. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2570

HALLETT MENGEL LUSCOMBE
 13 IOWA CIR
 PLATTSBURGH, NY 12903-4014

Batch #: 2190
 Article #: 71106605959000122570
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 01 rev. 01/07

2. Article Number

7110 6605 9590 0012 2570

1. Article Addressed to:

HALLETT MENGEL LUSCOMBE
 13 IOWA CIR
 PLATTSBURGH, NY 12903-4014

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

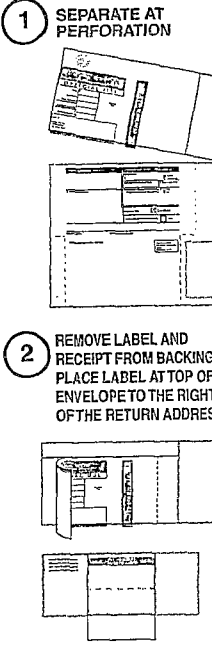
A. Signature Agent Addressee
 X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2570

1. Article Addressed to:

HALLETT MENGEL LUSCOMBE
 13 IOWA CIR
 PLATTSBURGH, NY 12903-4014

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Daniel Luscombe*

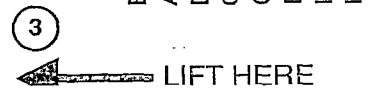
B. Received by (Printed Name) C. Date of Delivery
 9/1/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000122570
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2754

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
 Recipient, Apt. No., PO Box No., City, State, Zip+4
HILLS HYDROCARBONS LP
1315 RED FOX RD STE 200
ARDEN HILLS, MN 55112

PS Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 2754

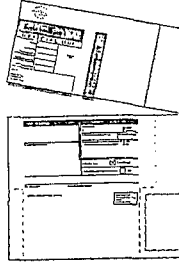
HILLS HYDROCARBONS LP
1315 RED FOX RD STE 200
ARDEN HILLS, MN 55112

Batch #: 2190
 Article #: 71106605959000122754
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

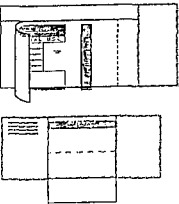
Reorder Form LCD R rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2754	A. Signature X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	C. Date of Delivery
1. Article Addressed to:	B. Received by (Printed Name)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
HILLS HYDROCARBONS LP 1315 RED FOX RD STE 200 ARDEN HILLS, MN 55112	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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 2754	A. Signature X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery 9-7-10
1. Article Addressed to:	B. Received by (Printed Name) David Nelson	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
HILLS HYDROCARBONS LP 1315 RED FOX RD STE 200 ARDEN HILLS, MN 55112	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 71106605959000122754
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 2549

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
H H PHILLIPS JR ESTATE
PO BOX 17001
SAN ANTONIO, TX 78217-0001

Form 3800, August 2008 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2549

H H PHILLIPS JR ESTATE
PO BOX 17001
SAN ANTONIO, TX 78217-0001

Batch #: 2190
 Article #: 71106605959000122549
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number
 7110 6605 9590 0012 2549

1. Article Addressed to:
H H PHILLIPS JR ESTATE
PO BOX 17001
SAN ANTONIO, TX 78217-0001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

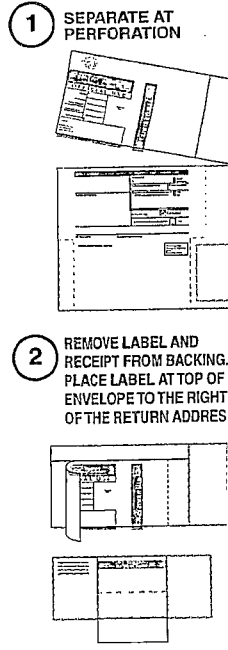
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number
 7110 6605 9590 0012 2549

1. Article Addressed to:
H H PHILLIPS JR ESTATE
PO BOX 17001
SAN ANTONIO, TX 78217-0001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

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

Code: Allocation Project - D.Howell

Batch #: 2190
 Article #: 71106605959000122549
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 2563

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
H LIMITED PARTNERSHIP
PO BOX 2185
SANTA FE, NM 87504-2185

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 2563

H LIMITED PARTNERSHIP
PO BOX 2185
SANTA FE, NM 87504-2185

Batch #: 2190
 Article #: 71106605959000122563
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2 Article Number

7110 6605 9590 0012 2563

1. Article Addressed to:

H LIMITED PARTNERSHIP
PO BOX 2185
SANTA FE, NM 87504-2185

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

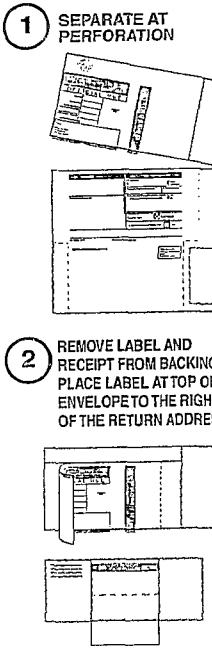
A. Signature Agent
X Addressee

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 2563

1. Article Addressed to:

H LIMITED PARTNERSHIP
PO BOX 2185
SANTA FE, NM 87504-2185

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
HAILE HARVEY **8/9/10**

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

Batch #: 2190
 Article #: 71106605959000122563
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2587

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

Postmark Here

Post To
HAMMEL SURVIVORS TRUST DTD 12/7/01
11321 FOSTER RD
LOS ALAMITOS, CA 90720

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



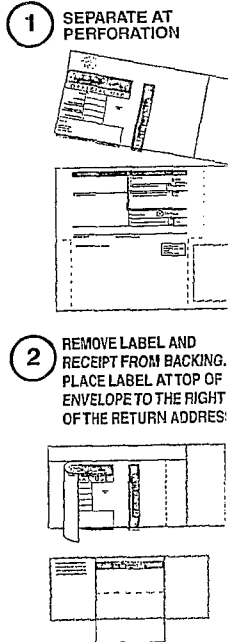
7110 6605 9590 0012 2587

HAMMEL SURVIVORS TRUST DTD 12/7/01
 11321 FOSTER RD
 LOS ALAMITOS, CA 90720

Batch #: 2190
 Article #: 71106605959000122587
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2587		A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
HAMMEL SURVIVORS TRUST DTD 12/7/01 11321 FOSTER RD LOS ALAMITOS, CA 90720		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2587		A. Signature <input type="checkbox"/> Agent X <i>Janet A. Hammel</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
HAMMEL SURVIVORS TRUST DTD 12/7/01 11321 FOSTER RD LOS ALAMITOS, CA 90720		<i>Janet A. Hammel</i> 8-7-10	
Code: Allocation Project - D.Howell		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 71106605959000122587
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2594

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

**HANNAH E NORDHAUS
 6301 UPTOWN BLVD NE
 ALBUQUERQUE, NM 87110**

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2594

**HANNAH E NORDHAUS
 6301 UPTOWN BLVD NE
 ALBUQUERQUE, NM 87110**

Batch #: 2190
 Article #: 71106605959000122594
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2594

1. Article Addressed to:

**HANNAH E NORDHAUS
 6301 UPTOWN BLVD NE
 ALBUQUERQUE, NM 87110**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

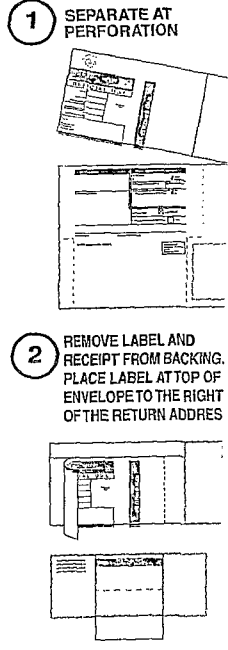
A. Signature
X Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2594

1. Article Addressed to:

**HANNAH E NORDHAUS
 6301 UPTOWN BLVD NE
 ALBUQUERQUE, NM 87110**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

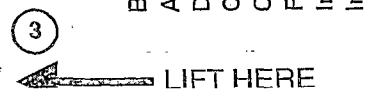
B. Received by (Printed Name) C. Date of Delivery
Denise Teller **SEP 07 2010**

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

Batch #: 2190
 Article #: 71106605959000122594
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2600

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

**HANNIFIN FAMILY TRUST
 PO BOX 218
 MIDLAND, TX 79702**

Form 3811 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2600

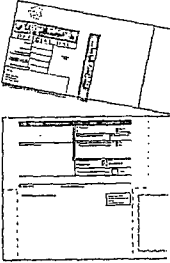
**HANNIFIN FAMILY TRUST
 PO BOX 218
 MIDLAND, TX 79702**

Batch #: 2190
 Article #: 71106605959000122600
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

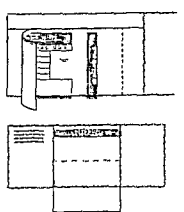
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2600	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HANNIFIN FAMILY TRUST PO BOX 218 MIDLAND, TX 79702	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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 2600	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HANNIFIN FAMILY TRUST PO BOX 218 MIDLAND, TX 79702	Tammy Bernad	9-7-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 71106605959000122600
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 2617

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	

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 2617

HANSON MCBRIDE PETROLEUM CO LLC
 P O BOX 1515
 ROSWELL, NM 88201

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

HANSON MCBRIDE PETROLEUM CO LLC
 P O BOX 1515
 ROSWELL, NM 88201

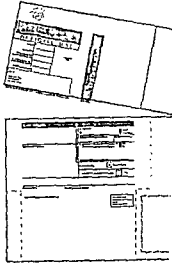
Form 3800, August 2006. See Reverse for Instructions.

Batch #: 2190
 Article #: 71106605959000122617
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

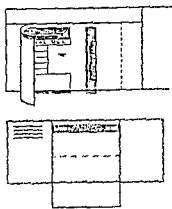
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2617	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HANSON MCBRIDE PETROLEUM CO LLC P O BOX 1515 ROSWELL, NM 88201	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

1 SEPARATE AT PERFORATION

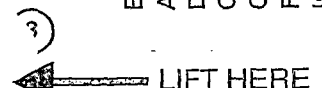


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2617	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HANSON MCBRIDE PETROLEUM CO LLC P O BOX 1515 ROSWELL, NM 88201	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 71106605959000122617
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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

7110 6605 9590 0012 2624

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

Postmark Here

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

HARCO LIMITED PARTNERSHIP
ATTN: GERALD E HARRINGTON
P.O. BOX 3716
ROSWELL, NM 88202-3716

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2624

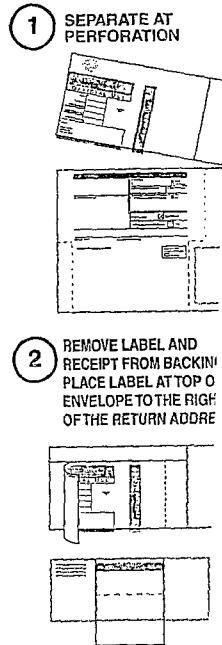
HARCO LIMITED PARTNERSHIP
ATTN: GERALD E HARRINGTON
P.O. BOX 3716
ROSWELL, NM 88202-3716

Batch #: 2190
Article #: 71106605959000122624
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Form 3800, August 2009 See Reverse for Instructions

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0012 2624	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: HARCO LIMITED PARTNERSHIP ATTN: GERALD E HARRINGTON P.O. BOX 3716 ROSWELL, NM 88202-3716	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number 7110 6605 9590 0012 2624	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: HARCO LIMITED PARTNERSHIP ATTN: GERALD E HARRINGTON P.O. BOX 3716 ROSWELL, NM 88202-3716	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery J. B. [Signature] 9/2/2010 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2190
Article #: 71106605959000122624
Date/Time: 8/31/2010 11:33:29 AM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



Phillips

74760 6605 9590 0012 2631

MAILED FROM ZIP CODE 87402

RETURNED TO SENDER
FORWARDING TIME EXPIRED
HAROLD D CARTER TRUST
PO BOX 12466
DALLAS TX 75225

RETURNED TO SENDER
FORWARDING TIME EXPIRED

Vertical barcode



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7110 6605 9590 0012 2648

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: **HAROLD E PALMER**
PO BOX 1743
AZTEC, NM 87410-4743

Form 3811, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 2648

HAROLD E PALMER
PO BOX 1743
AZTEC, NM 87410-4743

Batch #: 2190
 Article #: 71106605959000122648
 Date/Time: 8/31/2010 11:33:29 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 2648

1. Article Addressed to:

HAROLD E PALMER
PO BOX 1743
AZTEC, NM 87410-4743

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

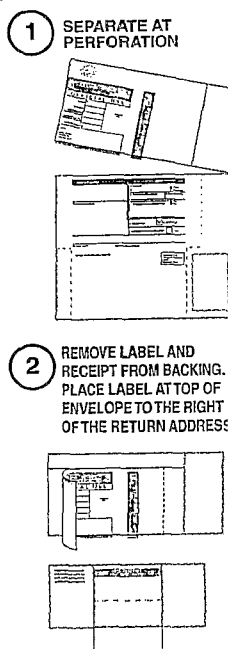
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 2648

1. Article Addressed to:

HAROLD E PALMER
PO BOX 1743
AZTEC, NM 87410-4743

COMPLETE THIS SECTION ON DELIVERY

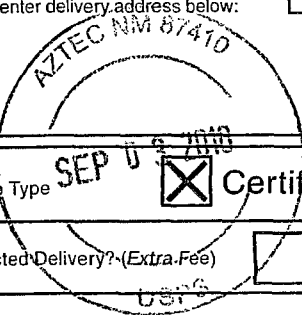
A. Signature Agent Addressee
X Harold E Palmer

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

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

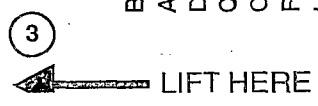
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Code: Allocation Project - D.Howell

Batch #: 2190
 Article #: 71106605959000122648
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2655

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:
HAROLD K MORGAN
 3576 DEER CREEK DR
 PARKER, CO 80138

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2655

HAROLD K MORGAN
 3576 DEER CREEK DR
 PARKER, CO 80138

Batch #: 2190
 Article #: 71106605959000122655
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, Rev. 01/07

2. Article Number

7110 6605 9590 0012 2655

1. Article Addressed to:

HAROLD K MORGAN
 3576 DEER CREEK DR
 PARKER, CO 80138

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

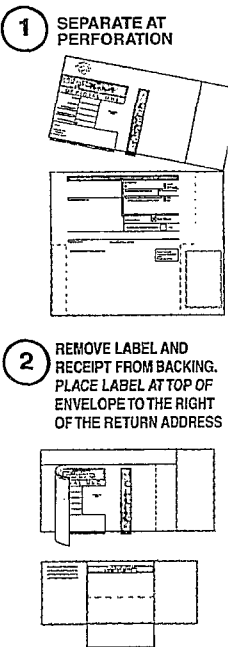
A. Signature Agent
 Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



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 #: 71106605959000122655
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0012 2679

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

HARRIET M BUCHENAU LIVING TRUST
PO BOX 867585
PLANO, TX 75086-7585

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2679

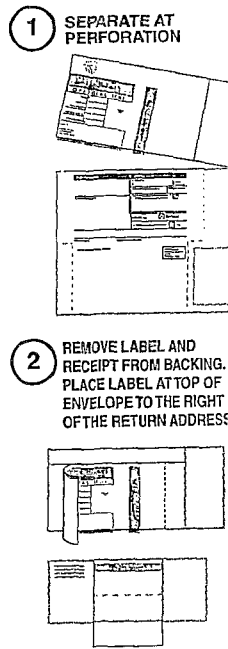
HARRIET M BUCHENAU LIVING TRUST
PO BOX 867585
PLANO, TX 75086-7585

Batch #: 2190
 Article #: 71106605959000122679
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3880, August 2006 See Reverse for Instructions

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2679	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HARRIET M BUCHENAU LIVING TRUST PO BOX 867585 PLANO, TX 75086-7585	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

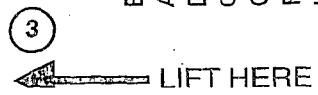


PS Form 3811 Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2679	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-9-10
HARRIET M BUCHENAU LIVING TRUST PO BOX 867585 PLANO, TX 75086-7585	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2190
 Article #: 71106605959000122679
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3811 Domestic Return Receipt





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7110 6605 9590 0012 2662

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
 Recipient Name: HAROLD RICHARD COOPER
 Street, Apt. No.: 9013 FOREST DR
 PO Box No.:
 City, State, Zip+4: FAIRVIEW HEIGHTS, IL 62208-1010

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

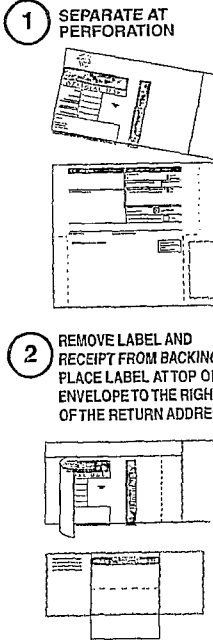


7110 6605 9590 0012 2662

HAROLD RICHARD COOPER
 9013 FOREST DR
 FAIRVIEW HEIGHTS, IL 62208-1010

Batch #: 2190
 Article #: 71106605959000122662
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2662	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: HAROLD RICHARD COOPER 9013 FOREST DR FAIRVIEW HEIGHTS, IL 62208-1010	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2662	A. Signature <input type="checkbox"/> Agent X <i>Cassie Cooper</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: HAROLD RICHARD COOPER 9013 FOREST DR FAIRVIEW HEIGHTS, IL 62208-1010	B. Received by (Printed Name)	C. Date of Delivery 9-2-16
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2190
 Article #: 71106605959000122662
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0012 2686

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

HARRINGTON ENERGY RESOURCES LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2686

HARRINGTON ENERGY RESOURCES LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Batch #: 2190
 Article #: 71106605959000122686
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 2686

1. Article Addressed to:

HARRINGTON ENERGY RESOURCES LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

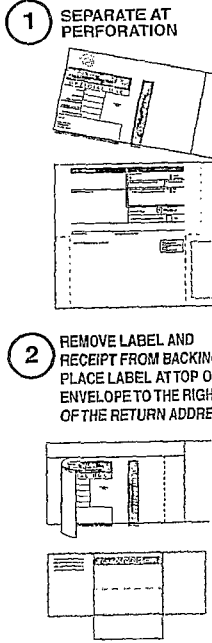
A. Signature Agent
X Addressee

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 2686

1. Article Addressed to:

HARRINGTON ENERGY RESOURCES LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

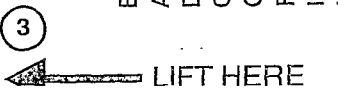
B. Received by (Printed Name) C. Date of Delivery

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 #: 2190
 Article #: 71106605959000122686
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



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7110 6605 9590 0012 2693

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

Postmark Here

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

HARRINGTON SOUTHWEST ENERGY LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2693

HARRINGTON SOUTHWEST ENERGY LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Batch #: 2190
 Article #: 71106605959000122693
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

Reorder Form LCD-8-01 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2693

1. Article Addressed to:

HARRINGTON SOUTHWEST ENERGY LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

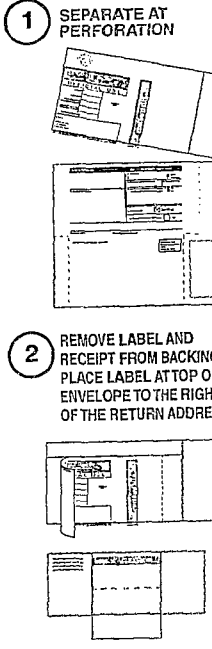
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2693

1. Article Addressed to:

HARRINGTON SOUTHWEST ENERGY LP
 C/O US TRUST BANK OF AMERICA
 PO BOX 219119
 KANSAS CITY, MO 64131

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

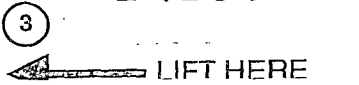
A. Signature Agent Addressee
x AMARTELL

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2190
 Article #: 71106605959000122693
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0013 2920

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

ent To
 HARRY D PORTER TRUST U/W FBO JOHN P
 PO BOX 840738
 DALLAS, TX 75284-0738

Form 3800, August 2006. See Reverse for Instructions



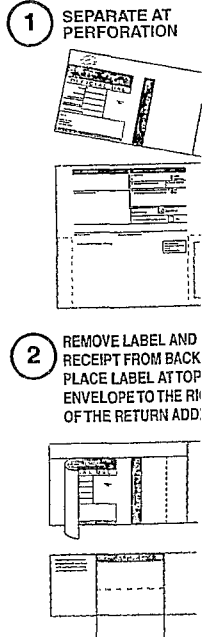
7110 6605 9590 0013 2920

HARRY D PORTER TRUST U/W FBO JOHN P
 PO BOX 840738
 DALLAS, TX 75284-0738

Batch #: 2269
 Article #: 71106605959000132920
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

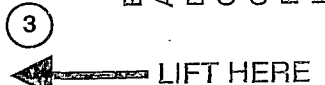
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2920	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HARRY D PORTER TRUST U/W FBO JOHN P PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2920	A. Signature <input type="checkbox"/> Agent X <i>Emm... Porter</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	Date of Delivery
HARRY D PORTER TRUST U/W FBO JOHN P PO BOX 840738 DALLAS, TX 75284-0738	EMM... PORTER	SEP 16 2010
	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2269
 Article #: 71106605959000132920
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 2913

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 **HARRY D PORTER TRUST U/W FBO ANNA C**
PO BOX 840738
DALLAS, TX 75284-0738

Form 3800, August 2006 See Reverse for Instructions



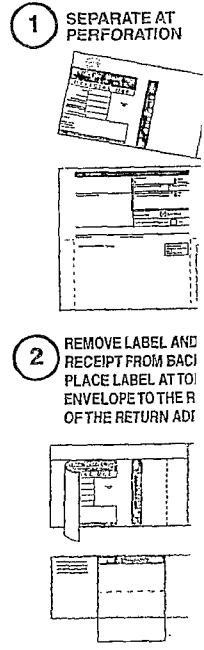
7110 6605 9590 0013 2913

HARRY D PORTER TRUST U/W FBO ANNA C
 PO BOX 840738
 DALLAS, TX 75284-0738

Batch #: 2269
 Article #: 71106605959000132913
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2913	A. Signature	<input type="checkbox"/> Agent
	X	<input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HARRY D PORTER TRUST U/W FBO ANNA C		
PO BOX 840738	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
DALLAS, TX 75284-0738	If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2913	A. Signature	<input type="checkbox"/> Agent
	X	<input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HARRY D PORTER TRUST U/W FBO ANNA C	ERIC ROBINSON	9/14/2010
PO BOX 840738	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
DALLAS, TX 75284-0738	If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2269
 Article #: 71106605959000132913
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 3545

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	

sent To **HATHEWAY PARTNERS LLC OK LLC**
6260 S KNOXVILLE AVE
TULSA, OK 74136

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

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3545

HATHEWAY PARTNERS LLC OK LLC
6260 S KNOXVILLE AVE
TULSA, OK 74136

Batch #: 2272
 Article #: 71106605959000133545
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-80 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3545

1. Article Addressed to:

HATHEWAY PARTNERS LLC OK LLC
6260 S KNOXVILLE AVE
TULSA, OK 74136

COMPLETE THIS SECTION ON DELIVERY

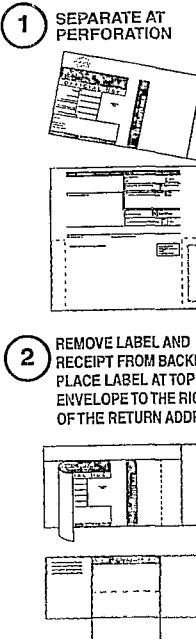
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3545

1. Article Addressed to:

HATHEWAY PARTNERS LLC OK LLC
6260 S KNOXVILLE AVE
TULSA, OK 74136

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

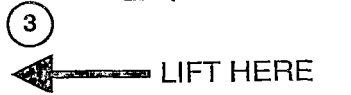
B. Received by (Printed Name) C. Date of Delivery
 9-16-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133545
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2709

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
 HEATHER M KALB
 PO BOX 1588
 TULSA, OK 74101-1588

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2709

HEATHER M KALB
 PO BOX 1588
 TULSA, OK 74101-1588

Batch #: 2190
 Article #: 71106605959000122709
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2709

1. Article Addressed to:

HEATHER M KALB
 PO BOX 1588
 TULSA, OK 74101-1588

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

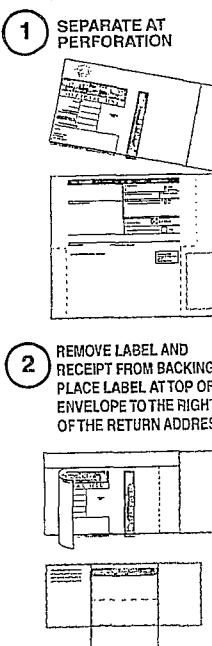
A. Signature Agent
X Addressee

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 2709

1. Article Addressed to:

HEATHER M KALB
 PO BOX 1588
 TULSA, OK 74101-1588

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

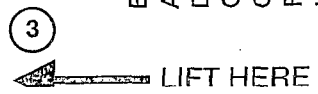
B. Received by (Printed Name) C. Date of Delivery

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 #: 2190
 Article #: 71106605959000122709
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2716

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
 HENRY C HESS
 4019 CINNAMON FERN CT
 HOUSTON, TX 77059

PS Form 3800, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2716

HENRY C HESS
 4019 CINNAMON FERN CT
 HOUSTON, TX 77059

Batch #: 2190
 Article #: 71106605959000122716
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number

7110 6605 9590 0012 2716

1. Article Addressed to:

HENRY C HESS
 4019 CINNAMON FERN CT
 HOUSTON, TX 77059

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

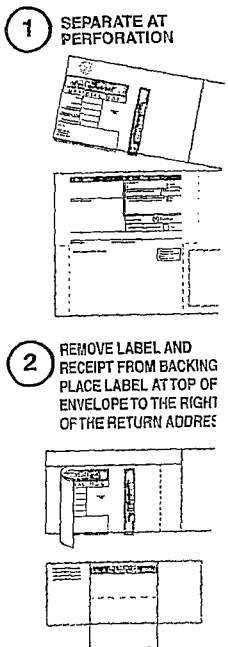
A. Signature Agent
X Addressee

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 2716

1. Article Addressed to:

HENRY C HESS
 4019 CINNAMON FERN CT
 HOUSTON, TX 77059

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

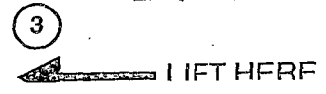
B. Received by (Printed Name) C. Date of Delivery
 H.C. HESS 9/13/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000122716
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2730

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: HENRY P ISHAM III
 2510 ST PAUL ST
 DENVER, CO 80210

Form 3811, August 2006, PSN 7530-01-000-9001 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2730

HENRY P ISHAM III
 2510 ST PAUL ST
 DENVER, CO 80210

Batch #: 2190
 Article #: 71106605959000122730
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3811 rev. 01/07

2. Article Number

7110 6605 9590 0012 2730

1. Article Addressed to:

HENRY P ISHAM III
 2510 ST PAUL ST
 DENVER, CO 80210

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

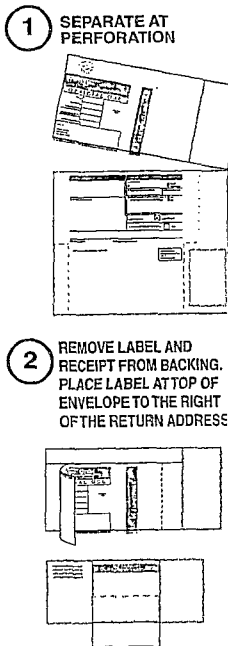
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2730

1. Article Addressed to:

HENRY P ISHAM III
 2510 ST PAUL ST
 DENVER, CO 80210

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

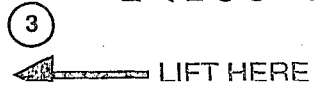
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000122730
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2747

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

Postmark Here

Code: Allocation Project - D.Howell

Send To
 HENRY RICHARD BRACK
 3602 JAGUAR PLACE
 FORT COLLINS, CO 80525

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

Form 3811, August 2006. See Reverse for Instructions

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

7110 6605 9590 0012 2747

HENRY RICHARD BRACK
 3602 JAGUAR PLACE
 FORT COLLINS, CO 80525

Batch #: 2190
 Article #: 71106605959000122747
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LC... R rev. 01/07

2. Article Number
 7110 6605 9590 0012 2747

1. Article Addressed to:
 HENRY RICHARD BRACK
 3602 JAGUAR PLACE
 FORT COLLINS, CO 80525

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

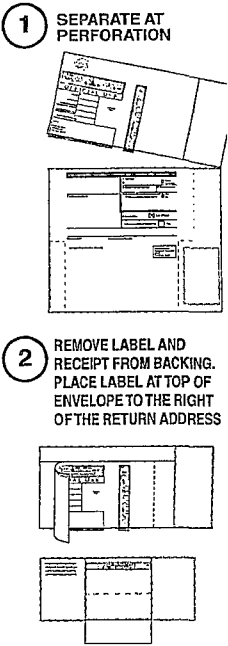
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2190
 Article #: 71106605959000122747
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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7110 6605 9590 0013 3552

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 **HERBERT J NEWCOMB JR**
13743 E CALEY DR
CENTENNIAL, CO 80111-2434

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

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 3552

HERBERT J NEWCOMB JR
13743 E CALEY DR
CENTENNIAL, CO 80111-2434

Batch #: 2272
Article #: 71106605959000133552
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

7110 6605 9590 0013 3552

1. Article Addressed to:

HERBERT J NEWCOMB JR
13743 E CALEY DR
CENTENNIAL, CO 80111-2434

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

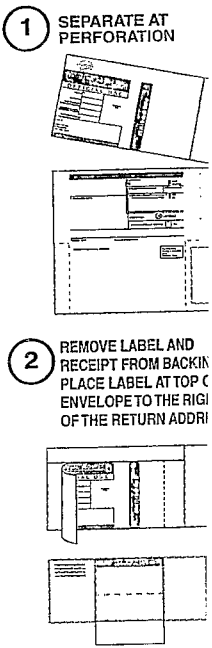
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0013 3552

1. Article Addressed to:

HERBERT J NEWCOMB JR
13743 E CALEY DR
CENTENNIAL, CO 80111-2434

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X Mail Now

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

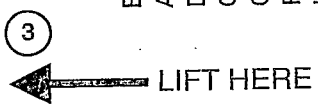
9/17/10

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

3. Service Type Certified

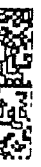
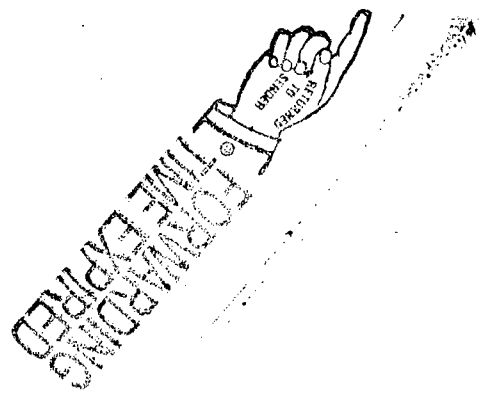
4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
Article #: 71106605959000133552
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



Phillips

H K RIDDLE
P O BOX 13326
ALBUQUERQUE, NM 87192-3326



0006557587 SEP 02 2010
MAILED FROM ZIP CODE 87402





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7110 6605 9590 0012 2556

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
H K RIDDLE
P O BOX 13326
ALBUQUERQUE, NM 87192-3326

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

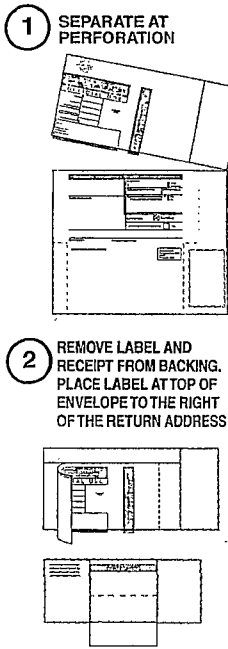
7110 6605 9590 0012 2556

H K RIDDLE
P O BOX 13326
ALBUQUERQUE, NM 87192-3326

Batch #: 2190
 Article #: 71106605959000122556
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2556	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
H K RIDDLE P O BOX 13326 ALBUQUERQUE, NM 87192-3326	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



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 #: 71106605959000122556
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0012 2778

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

HOME BURTIS TR DTD JUNE 7 2004
 2850 BASELINE AVE
 SANTA YNEZ, CA 93460

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2778

HOME BURTIS TR DTD JUNE 7 2004
 2850 BASELINE AVE
 SANTA YNEZ, CA 93460

Batch #: 2190
 Article #: 71106605959000122778
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2778

1. Article Addressed to:

HOME BURTIS TR DTD JUNE 7 2004
 2850 BASELINE AVE
 SANTA YNEZ, CA 93460

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

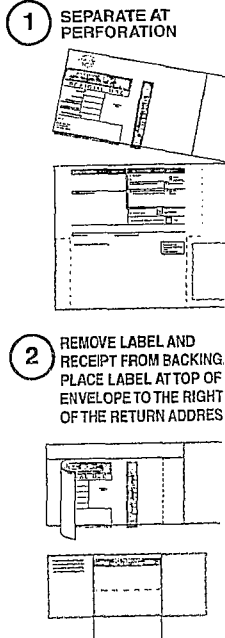
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2778

1. Article Addressed to:

HOME BURTIS TR DTD JUNE 7 2004
 2850 BASELINE AVE
 SANTA YNEZ, CA 93460

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

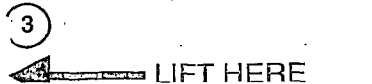
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000122778
 Date/Time: 8/31/2010 11:33:30 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2785

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
HOMER F JOHNSON
P O BOX 1727
CLINTON, OK 73601

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 2785

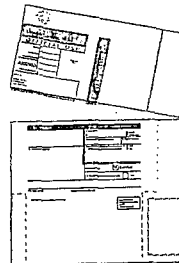
HOMER F JOHNSON
P O BOX 1727
CLINTON, OK 73601

Batch #: 2190
 Article #: 71106605959000122785
 Date/Time: 8/31/2010 11:33:30 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

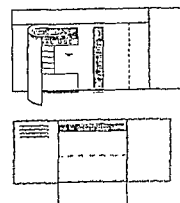
Reorder Form LCD-11 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2785	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HOMER F JOHNSON P O BOX 1727 CLINTON, OK 73601	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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 2785	A. Signature <input checked="" type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HOMER F JOHNSON P O BOX 1727 CLINTON, OK 73601	MIXINE JOHNSON	9-4-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 71106605959000122785
 Date/Time: 8/31/2010 11:33:30 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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7110 6605 9590 0012 2808

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: **HOPE G SIMPSON**
C/O SIMPSON ESTATES INC
30 N LASALLE STE 1232
CHICAGO, IL 60602-3344

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



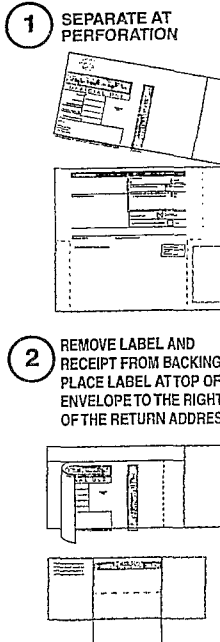
7110 6605 9590 0012 2808

HOPE G SIMPSON
C/O SIMPSON ESTATES INC
30 N LASALLE STE 1232
CHICAGO, IL 60602-3344

Batch #: 2190
 Article #: 71106605959000122808
 Date/Time: 8/31/2010 11:33:30 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

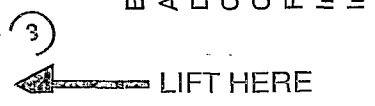
Reorder Form LC701R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2808		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
HOPE G SIMPSON C/O SIMPSON ESTATES INC 30 N LASALLE STE 1232 CHICAGO, IL 60602-3344		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2808		A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
HOPE G SIMPSON C/O SIMPSON ESTATES INC 30 N LASALLE STE 1232 CHICAGO, IL 60602-3344		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 71106605959000122808
 Date/Time: 8/31/2010 11:33:30 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)
 7110 6605 9590 0012 2815

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

Post To
HOPE S KELLY LIVING TRUST
839 SUMMIT RD
SANTA BARBARA, CA 93108

PS Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 2815

HOPE S KELLY LIVING TRUST
839 SUMMIT RD
SANTA BARBARA, CA 93108

Batch #: 2191
 Article #: 71106605959000122815
 Date/Time: 8/31/2010 12:09:20 PM
 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 2815

1. Article Addressed to:

HOPE S KELLY LIVING TRUST
839 SUMMIT RD
SANTA BARBARA, CA 93108

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

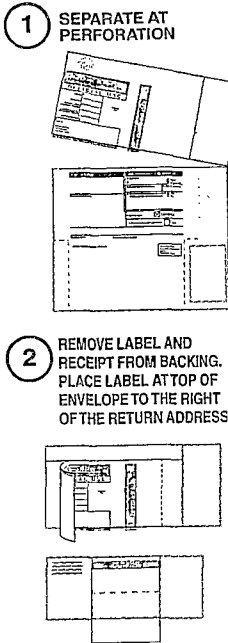
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2815

1. Article Addressed to:

HOPE S KELLY LIVING TRUST
839 SUMMIT RD
SANTA BARBARA, CA 93108

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

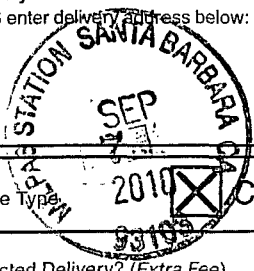
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2191
 Article #: 71106605959000122815
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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 7110 6605 9590 0012 2822

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: **HORIZON ROYALTIES LLC**
1490 W CANAL COURT SUITE 3000
LITTLETON, CO 80120

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

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 2822

HORIZON ROYALTIES LLC
1490 W CANAL COURT SUITE 3000
LITTLETON, CO 80120

Batch #: 2191
 Article #: 71106605959000122822
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 2822

1. Article Addressed to:

HORIZON ROYALTIES LLC
1490 W CANAL COURT SUITE 3000
LITTLETON, CO 80120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

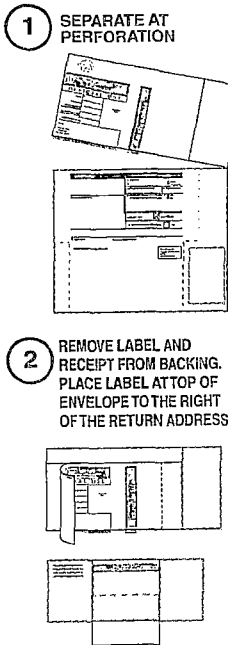
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2822

1. Article Addressed to:

HORIZON ROYALTIES LLC
1490 W CANAL COURT SUITE 3000
LITTLETON, CO 80120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

TREVOR ZEJKEV 8/3/2010

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

Batch #: 2191
 Article #: 71106605959000122822
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2761

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

HOLLY BISHOP
6805 TRINITY LANDING DR N
FORT WORTH, TX 76132

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2761

HOLLY BISHOP
6805 TRINITY LANDING DR N
FORT WORTH, TX 76132

Batch #: 2190
 Article #: 71106605959000122761
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LC R rev. 01/07

2. Article Number

7110 6605 9590 0012 2761

1. Article Addressed to:

HOLLY BISHOP
6805 TRINITY LANDING DR N
FORT WORTH, TX 76132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

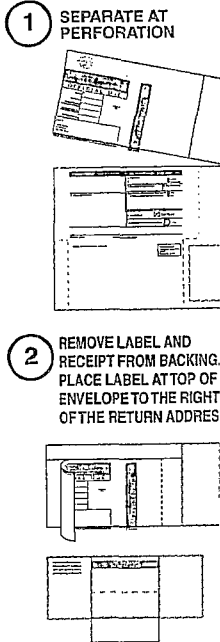
A. Signature Agent
X Addressee

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 2761

1. Article Addressed to:

HOLLY BISHOP
6805 TRINITY LANDING DR N
FORT WORTH, TX 76132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Holly Bishop* Addressee

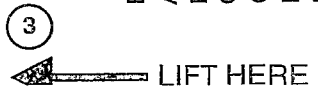
B. Received by (Printed Name) C. Date of Delivery
Holly Bishop 9-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000122761
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 2792		
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
HONUOLA MAU LLC
PO BOX 1831
HONOLULU, HI 96805-1831

Street, Apt. No.,
 PO 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 2792

HONUOLA MAU LLC
PO BOX 1831
HONOLULU, HI 96805-1831

Batch #: 2190
 Article #: 71106605959000122792
 Date/Time: 8/31/2010 11:33:30 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCR-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 2792

1. Article Addressed to:

HONUOLA MAU LLC
PO BOX 1831
HONOLULU, HI 96805-1831

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

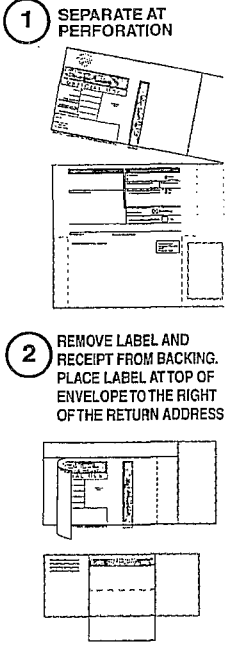
A. Signature Agent
X Addressee

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 2792

1. Article Addressed to:

HONUOLA MAU LLC
PO BOX 1831
HONOLULU, HI 96805-1831

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Ron Oshiro SEP 20 2010

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 71106605959000122792
 Date/Time: 8/31/2010 11:33:30 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 2839

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

HOWARD B SIMPSON ET AL RESIDUARY
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2839

HOWARD B SIMPSON ET AL RESIDUARY
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2191
 Article #: 71106605959000122839
 Date/Time: 8/31/2010 12:09:20 PM
 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 2839

1. Article Addressed to:

HOWARD B SIMPSON ET AL RESIDUARY
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

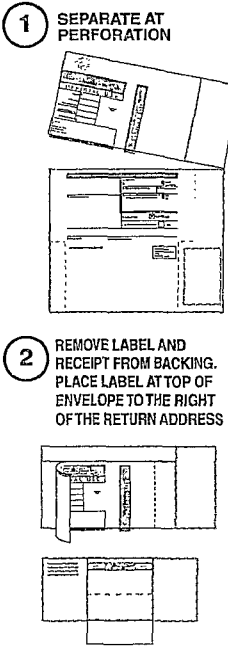
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



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 #: 2191
 Article #: 71106605959000122839
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 2846

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

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

HOWELL GRANDCHILDRENS TRUST ESTATE
 C/O CHASE MANHATTAN BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2846

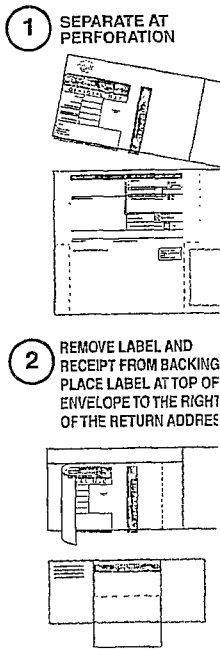
HOWELL GRANDCHILDRENS TRUST ESTATE
 C/O CHASE MANHATTAN BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Batch #: 2191
 Article #: 71106605959000122846
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

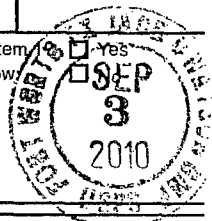
PS Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD rev. 01/07

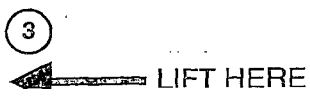
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2846	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HOWELL GRANDCHILDRENS TRUST ESTATE C/O CHASE MANHATTAN BANK PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2846	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HOWELL GRANDCHILDRENS TRUST ESTATE C/O CHASE MANHATTAN BANK PO BOX 99084 FORT WORTH, TX 76199-0084	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Batch #: 2191
 Article #: 71106605959000122846
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postage To: **HUGH JAMES HALL JR**
1623 DESERT WILLOW DRIVE
CARLSBAD, NM 88220

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 2853

HUGH JAMES HALL JR
1623 DESERT WILLOW DRIVE
CARLSBAD, NM 88220

Batch #: 2191
 Article #: 71106605959000122853
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number
 7110 6605 9590 0012 2853

1. Article Addressed to:
HUGH JAMES HALL JR
1623 DESERT WILLOW DRIVE
CARLSBAD, NM 88220

Code: Allocation Project - D Howel

COMPLETE THIS SECTION ON DELIVERY

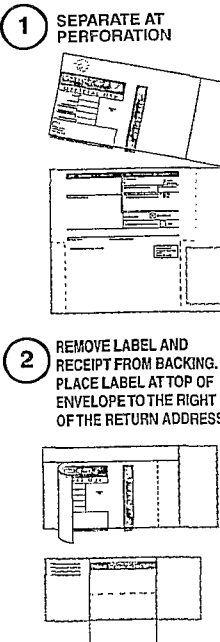
A. Signature Agent Addressee
X

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 2853

1. Article Addressed to:
HUGH JAMES HALL JR
1623 DESERT WILLOW DRIVE
CARLSBAD, NM 88220

Code: Allocation Project - D Howel

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
Wash Same Bill etc *8-2*

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000122853
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

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

**HUGH MCMILLAN
 PO DRAWER 1612
 EL PASO, TX 79948-1612**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2860

**HUGH MCMILLAN
 PO DRAWER 1612
 EL PASO, TX 79948-1612**

Batch #: 2191
 Article #: 71106605959000122860
 Date/Time: 8/31/2010 12:09:20 PM
 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 2860

1. Article Addressed to:

**HUGH MCMILLAN
 PO DRAWER 1612
 EL PASO, TX 79948-1612**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

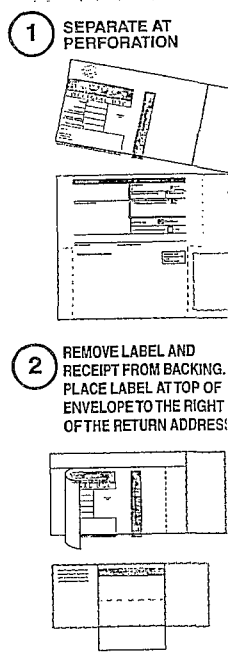
A. Signature Agent
X Addressee

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 2860

1. Article Addressed to:

**HUGH MCMILLAN
 PO DRAWER 1612
 EL PASO, TX 79948-1612**

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
Fernando Garcia
9/9/10

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000122860
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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 7110 6605 9590 0012 2877

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: HUNTINGTON CANYON LARGO LLC
 ATTN: CARL SHERRIL
 908 NW 71ST ST
 OKLAHOMA CITY, OK 73116-7402

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2877

HUNTINGTON CANYON LARGO LLC
 ATTN: CARL SHERRIL
 908 NW 71ST ST
 OKLAHOMA CITY, OK 73116-7402

Batch #: 2191
 Article #: 71106605959000122877
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number
 7110 6605 9590 0012 2877

1. Article Addressed to:
 HUNTINGTON CANYON LARGO LLC
 ATTN: CARL SHERRIL
 908 NW 71ST ST
 OKLAHOMA CITY, OK 73116-7402

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

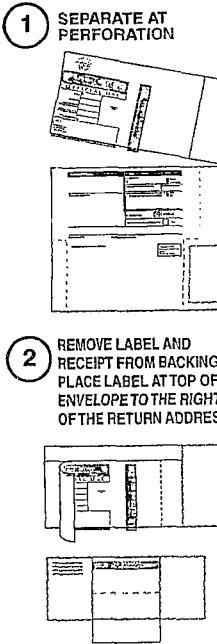
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 2877

1. Article Addressed to:
 HUNTINGTON CANYON LARGO LLC
 ATTN: CARL SHERRIL
 908 NW 71ST ST
 OKLAHOMA CITY, OK 73116-7402

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000122877
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

