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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	

Postage 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

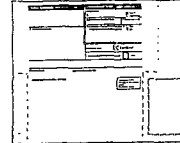
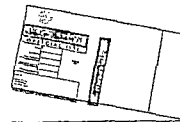
HALLETT MENGEL LUSCOMBE
 13 IOWA CIR
 PLATTSBURGH, NY 12903-4014

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

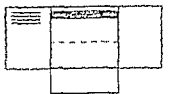
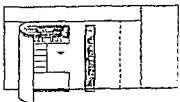
Reorder Form LCD 11/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2570	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HALLETT MENGEL LUSCOMBE 13 IOWA CIR PLATTSBURGH, NY 12903-4014	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 2570	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HALLETT MENGEL LUSCOMBE 13 IOWA CIR PLATTSBURGH, NY 12903-4014	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 #: 71106605959000122570
 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 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	

Postmark Here

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

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

7110 6605 9590 0012 2754

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

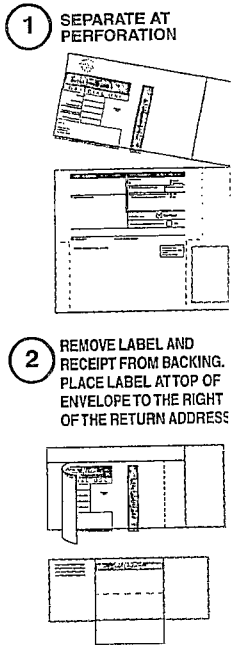
A. Signature Agent
 Addressee

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 2754

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

David Nelson 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 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	

Postmark Here

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

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

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell

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

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 4 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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

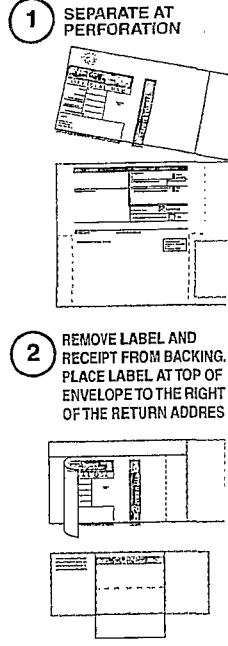
A. Signature Agent
X Addressee

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 2549

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

Batch #: 2190
 Article #: 71106605959000122549
 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 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	

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

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

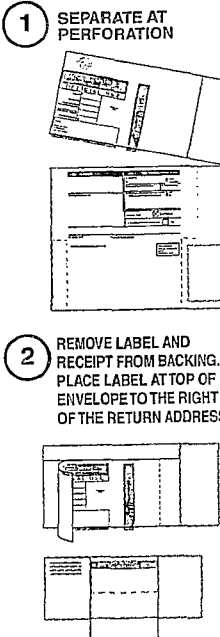
A. Signature Agent
X Addressee

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

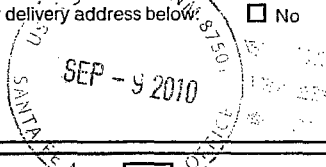
A. Signature Agent
X Addressee

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



Batch #: 2190
 Article #: 71106605959000122563
 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 2587

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
 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



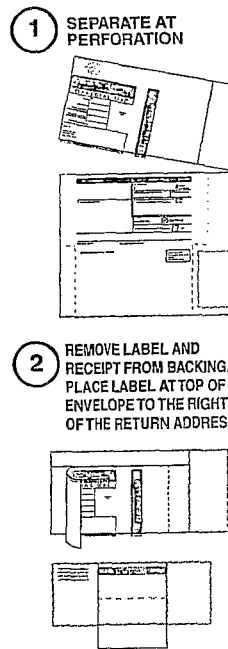
7110 6605 9590 0012 2587

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

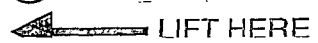
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2587	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HAMMEL SURVIVORS TRUST DTD 12/7/01 11321 FOSTER RD LOS ALAMITOS, CA 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>	<i>9-7-10</i>
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 #: 71106605959000122587
 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 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	

Delivered to
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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 #: 7110660599000122594
 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

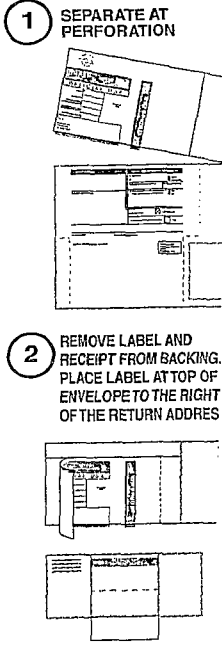
A. Signature Agent Addressee
X

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 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 Agent Addressee
X *Denise Taylor*

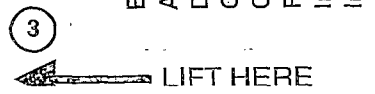
B. Received by (Printed Name) C. Date of Delivery
Denise Taylor **SEP 07 2010**

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 #: 7110660599000122594
 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	

Delivered 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

7110 6605 9590 0012 2600

1. Article Addressed to:

HANNIFIN FAMILY TRUST
PO BOX 218
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

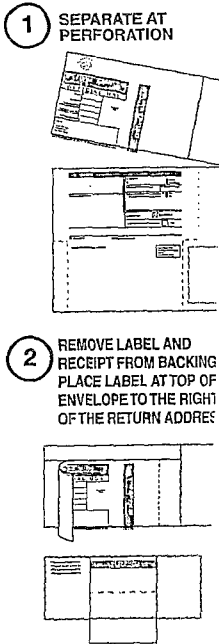
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2600

1. Article Addressed to:

HANNIFIN FAMILY TRUST
PO BOX 218
MIDLAND, TX 79702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Tammy Bernard 8-31-10

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 #: 71106605959000122600
 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 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	

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

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

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

Code: Allocation Project - D.Howell

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7110 6605 9590 0012 2617

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

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

7110 6605 9590 0012 2617

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

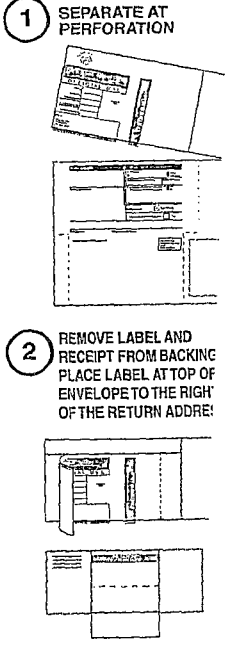
A. Signature Agent Addressee
X

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 2617

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Dan Starnes

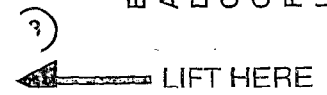
B. Received by (Printed Name) C. Date of Delivery
Dan Starnes 8/31/2010 11:33:29 AM
 ROSWELL, NM 88201

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 #: 71106605959000122617
 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 2624

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
 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

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

7110 6605 9590 0012 2624

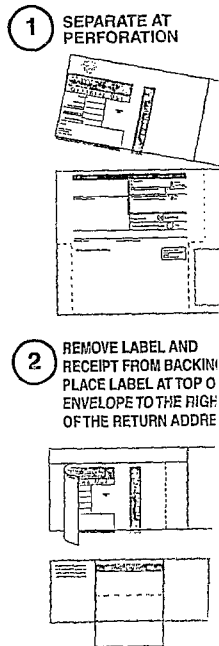
**HARCO LIMITED PARTNERSHIP
 ATTN: GERALD E HARRINGTON
 P.O. BOX 3716
 ROSWELL, NM 88202-3716**

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

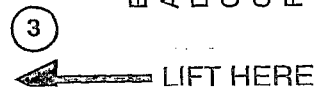
Reorder Form LCD-8 Rev. 01/07

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

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



Philips

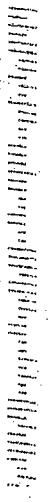
0000000001 SEP 04 2010
MAILED FROM ZIP CODE 87402



0000000001 SEP 04 2010
MAILED FROM ZIP CODE 87402

RETURNED TO SENDER
FORWARDING TIME EXPIRED
HAROLD D CARTER TRUST
PO BOX 12766
DALLAS TX 75225

RETURNED TO SENDER
FORWARDING TIME EXPIRED





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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	

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2648

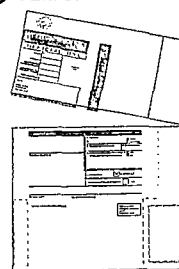
HAROLD E PALMER
PO BOX 1743
AZTEC, NM 87410-4743

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

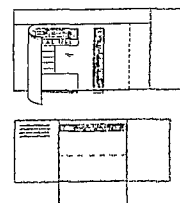
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2648	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
HAROLD E PALMER PO BOX 1743 AZTEC, NM 87410-4743	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

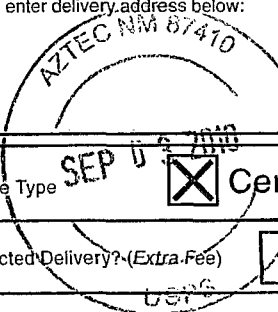
1 SEPARATE AT PERFORATION



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

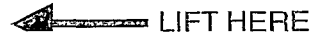


2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2648	A. Signature X Harold E Palmer <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
HAROLD E PALMER PO BOX 1743 AZTEC, NM 87410-4743	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 #: 71106605959000122648
 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 2655	
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

Send To
HAROLD K MORGAN
3576 DEER CREEK DR
PARKER, CO 80138

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 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 3800 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

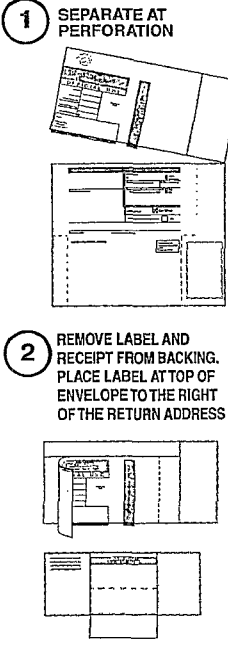
A. Signature Agent
 Addressee

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	

Post to: **HARRIET M BUCHENAU LIVING TRUST**
PO BOX 867585
PLANO, TX 75086-7585

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2679

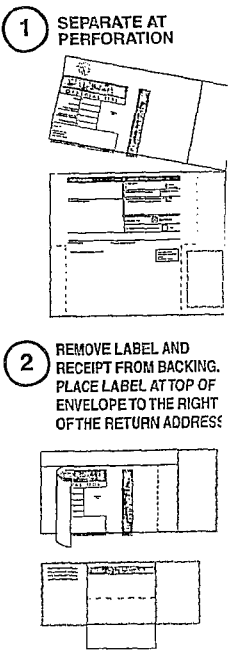
HARRIET M BUCHENAU LIVING TRUST
PO BOX 867585
PLANO, TX 75086-7585

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

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2679	A. Signature <input type="checkbox"/> Agent X <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? <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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2679	A. Signature <input type="checkbox"/> Agent X <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? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	9-9-10
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

3
 Batch #: 2190
 Article #: 71106605959000122679
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:
 LIFT HERE



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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	

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2662

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

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

Form 3800, August 2006 See Reverse for Instructions

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

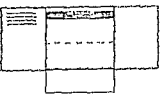
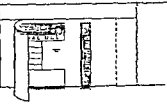
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2662	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HAROLD RICHARD COOPER 9013 FOREST DR FAIRVIEW HEIGHTS, IL 62208-1010	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

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2662	A. Signature X <i>Harold Cooper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HAROLD RICHARD COOPER 9013 FOREST DR FAIRVIEW HEIGHTS, IL 62208-1010	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 #: 71106605959000122662
 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 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

Code: Allocation Project - D.Howell

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



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

Reorder Form LCD-8 Rev. 01/07

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

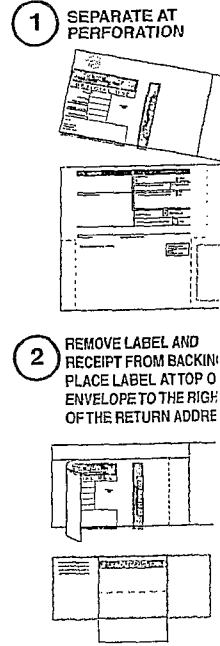
A. Signature Agent
X Addressee

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

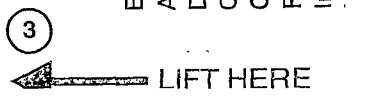
B. Received by (Printed Name) C. Date of Delivery

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	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

Postnet To
 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. See Reverse for Instructions

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

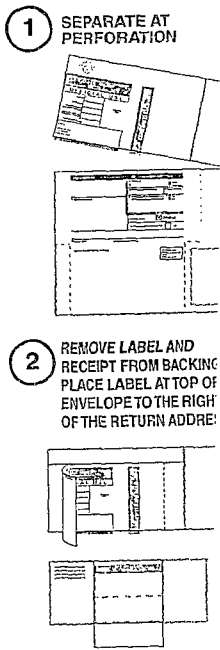
A. Signature Agent
 Addressee

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 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

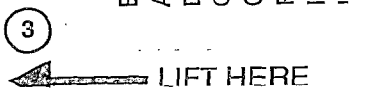
B. Received by (Printed Name) C. Date of Delivery

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 #: 71106605959000122693
 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 0013 2920

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

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

PS 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

7110 6605 9590 0013 2920

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

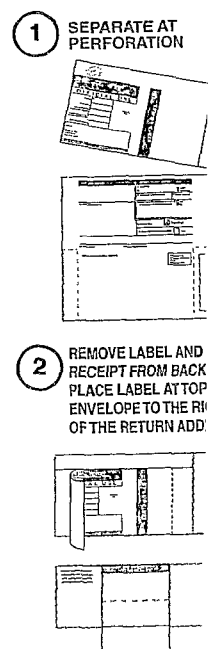
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2920

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

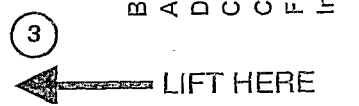
B. Received by (Printed Name) C. Date of Delivery

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 #: 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	

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

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

PS Form 3800, August 2006 See Reverse for Instructions



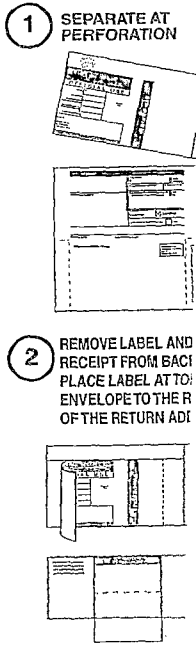
7110 6605 9590 0013 2913

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 #:

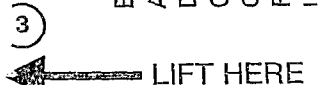
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2913	A. Signature X	<input type="checkbox"/> Agent <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 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 2913	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) ERIC ROBINSON	C. Date of Delivery 9/14/2010
HARRY D PORTER TRUST U/W FBO ANNA C 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

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

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 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-8 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

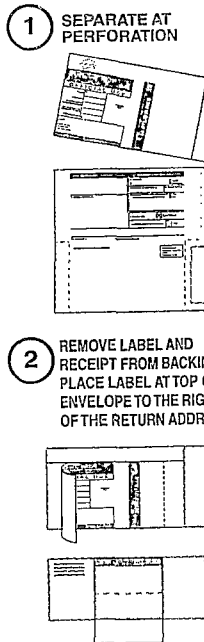
A. Signature Agent
 Addressee

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
 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 #: 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	

Content To: HEATHER M KALB
 Street, Apt. No.: PO BOX 1588
 PO Box No.: TULSA, OK 74101-1588
 City, State, Zip+4:

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



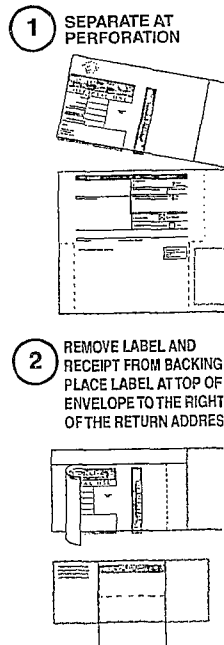
7110 6605 9590 0012 2709

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2709	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HEATHER M KALB PO BOX 1588 TULSA, OK 74101-1588	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2709	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HEATHER M KALB PO BOX 1588 TULSA, OK 74101-1588	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 #: 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	

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

HENRY C HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2716

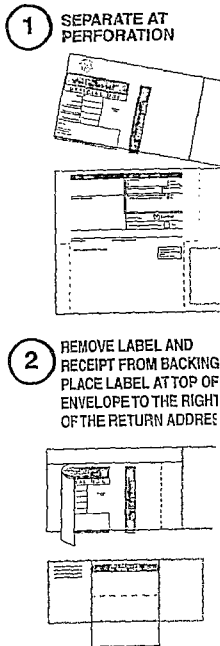
HENRY C HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

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

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 2716	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HENRY C HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059		
	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 2716	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HENRY C HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059	H.C. HESS	9/13/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 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
 Street, Apt. No., PO Box No., City, State, Zip+4
HENRY P ISHAM III
2510 ST PAUL ST
DENVER, CO 80210

Form 3800, August 2006. For 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 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

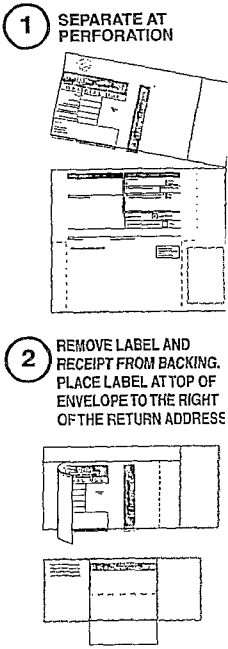
A. Signature
X Agent Addressee

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 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
X Pura Isham Agent Addressee

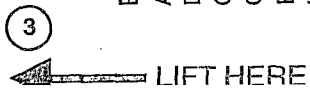
B. Received by (Printed Name) C. Date of Delivery

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	

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



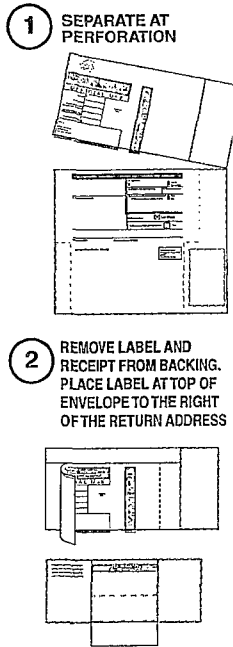
7110 6605 9590 0012 2747

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 LCD 11/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2747	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
HENRY RICHARD BRACK 3602 JAGUAR PLACE FORT COLLINS, CO 80525	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 #: 71106605959000122747
 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 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	

sent To **HERBERT J NEWCOMB JR**
13743 E CALEY DR
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4 **CENTENNIAL, CO 80111-2434**

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 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 #:

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

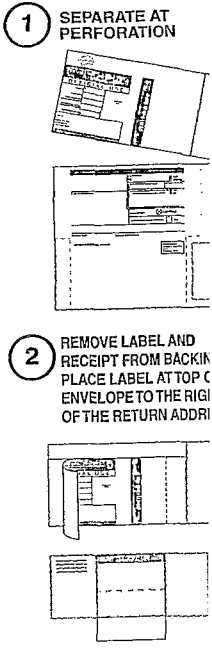
A. Signature Agent
X Addressee

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 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
X *Maail Newcomb* Addressee

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

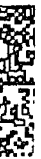
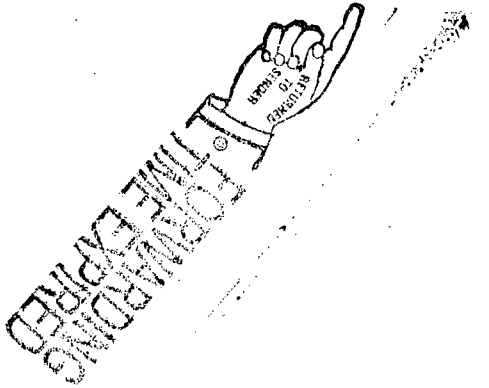
Batch #: 2272
 Article #: 71106605959000133552
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3 **LIFT HERE**

Reorder Form LCD-8 Rev. 01/07

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	

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



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 3811 rev. 01/07

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

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



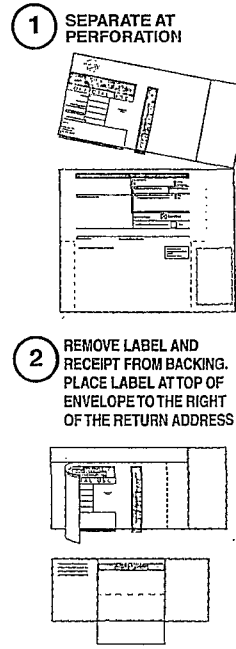
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

Batch #: 2190
 Article #: 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	

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

Form 3811, 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

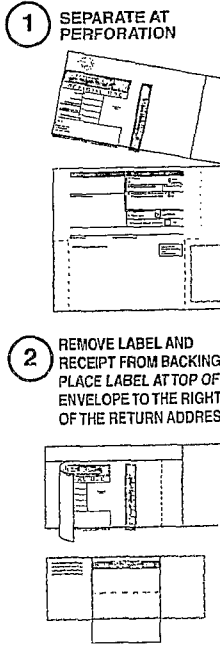
A. Signature Agent Addressee
 X

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 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
 X

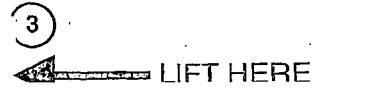
B. Received by (Printed Name) C. Date of Delivery

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

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

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- rev. 01/07

2. Article Number

7110 6605 9590 0012 2785

1. Article Addressed to:

HOMER F JOHNSON
 P O BOX 1727
 CLINTON, OK 73601

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

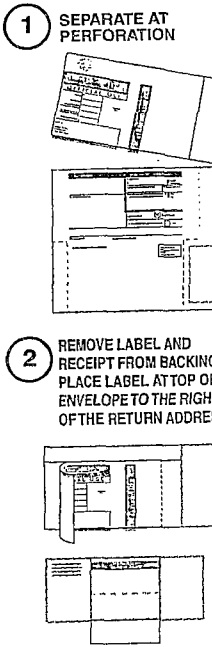
A. Signature Agent Addressee
X

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 2785

1. Article Addressed to:

HOMER F JOHNSON
 P O BOX 1727
 CLINTON, OK 73601

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Homer Johnson*

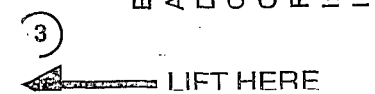
B. Received by (Printed Name) C. Date of Delivery
 MAXINE JOHNSON 9-4-10

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 #: 71106605959000122785
 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 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	

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

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

Form 3800, 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 LC100 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2808

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2808

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

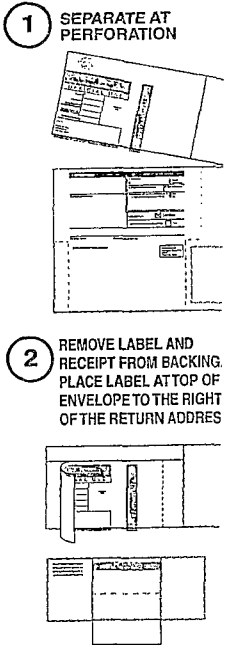
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2190
 Article #: 71106605959000122808
 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 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	

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

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

Form 3811, August 2006. See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 2815

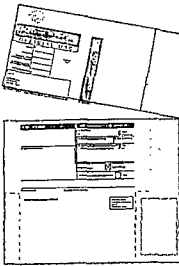
HOPE S KELLY LIVING TRUST
 839 SUMMIT RD
 SANTA BARBARA, CA 93108

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

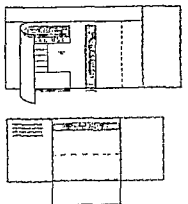
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2815	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HOPE S KELLY LIVING TRUST 839 SUMMIT RD SANTA BARBARA, CA 93108	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	

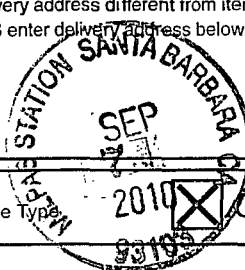
1 SEPARATE AT PERFORATION



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 2815	A. Signature X <i>Hope S. Kelly</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Hope S. Kelly</i>	C. Date of Delivery
HOPE S KELLY LIVING TRUST 839 SUMMIT RD SANTA BARBARA, CA 93108	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 #: 71106605959000122815
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

Reorder Form LCD 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

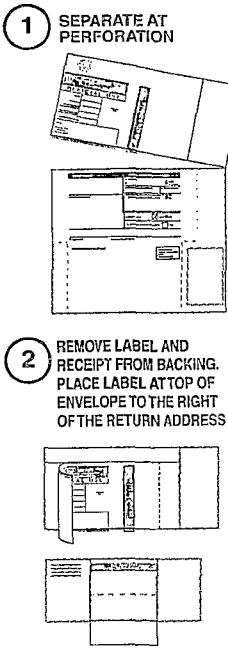
A. Signature Agent Addressee
X

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 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
X

B. Received by (Printed Name) C. Date of Delivery
TREVOR ZEJIKEN **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 #:

3
 LIFT HERE



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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	

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



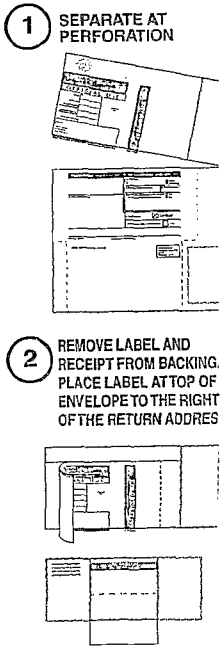
7110 6605 9590 0012 2761

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

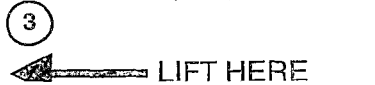
Batch #: 2190
 Article #: 71106605959000122761
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LC Form rev. 01/07

2. Article Number 7110 6605 9590 0012 2761	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: HOLLY BISHOP 6805 TRINITY LANDING DR N FORT WORTH, TX 76132	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
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 2761	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: HOLLY BISHOP 6805 TRINITY LANDING DR N FORT WORTH, TX 76132	A. Signature X <i>Holly Bishop</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Holly Bishop</i> C. Date of Delivery <i>9-4-10</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
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 #: 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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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
HONUOLA MAU LLC
PO BOX 1831
HONOLULU, HI 96805-1831

Form 3800, August 2006 See Reverse for Instructions

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

Code: Allocation Project - D.Howell

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 LCD-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

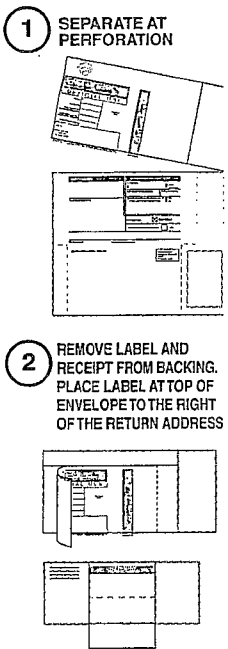
A. Signature Agent
 Addressee

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
 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 #:

3
 LIFT HERE



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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	

Postmark Here

Code: Allocation Project - D.Howell

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



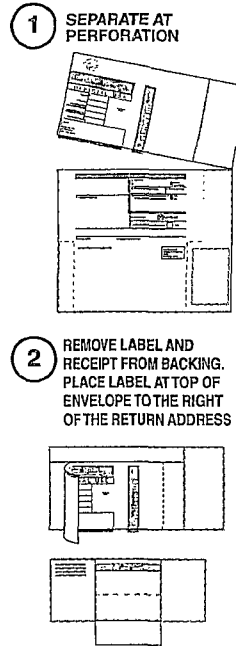
7110 6605 9590 0012 2839

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 11 R rev. 01/07

<p>2. Article Number</p> <p>7110 6605 9590 0012 2839</p> <p>1. Article Addressed to:</p> <p>HOWARD B SIMPSON ET AL RESIDUARY ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532</p> <p>Code: Allocation Project - D.Howell</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	--



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 #: 2191
 Article #: 71106605959000122839
 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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CERTIFIED MAIL RECEIPT
Domestic Return Receipt (No Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
 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	

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

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

PS Form 3800, August 2006 See Reverse for Instructions

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

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 #:

Reorder Form LCD rev. 01/07

2. Article Number
 7110 6605 9590 0012 2846

1. Article Addressed to:
 HOWELL GRANDCHILDRENS TRUST ESTATE
 C/O CHASE MANHATTAN BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

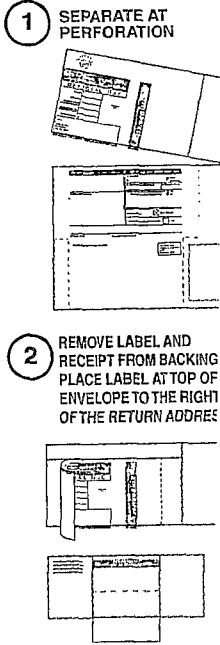
A. Signature Agent
X Addressee

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 2846

1. Article Addressed to:
 HOWELL GRANDCHILDRENS TRUST ESTATE
 C/O CHASE MANHATTAN BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

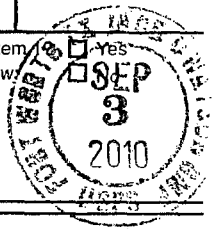
A. Signature Agent
X Addressee

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 #: 2191
 Article #: 71106605959000122846
 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 2853

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

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

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 3800 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.Howell

COMPLETE THIS SECTION ON DELIVERY

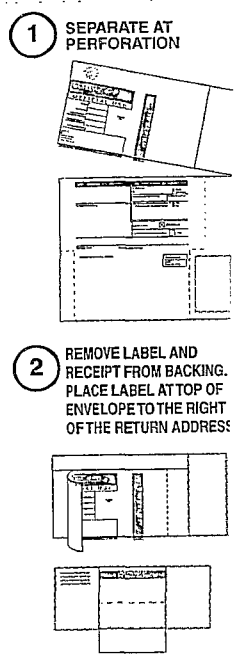
A. Signature Agent
X Addressee

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 2853

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

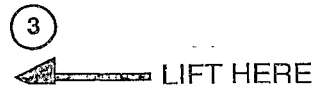
B. Received by (Printed Name) C. Date of Delivery
Wash Same Bill To 8-2

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 #: 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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 7110 6605 9590 0012 2860

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

Street, 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 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 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

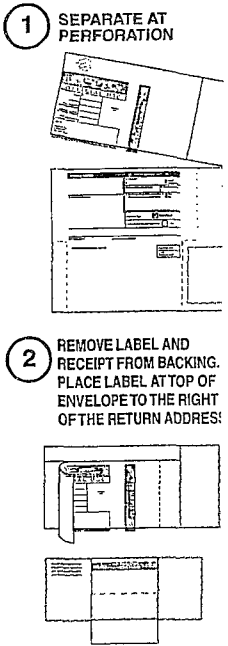
A. Signature Agent
 Addressee

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
 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	

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

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

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 #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD 3811 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

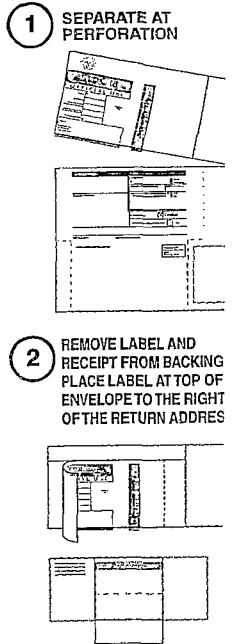
A. Signature Agent
 Addressee

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



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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
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