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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



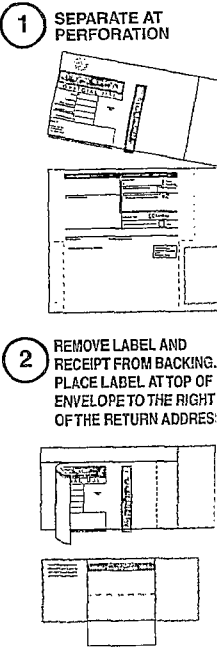
7110 6605 9590 0012 2570

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 #:

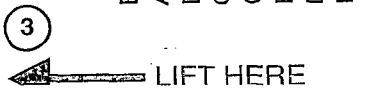
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2570	A. Signature X	<input type="checkbox"/> Agent <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? 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 2570	A. Signature X <i>Daniel Luscombe</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-8-10
HALLETT MENGEL LUSCOMBE 13 IOWA CIR PLATTSBURGH, NY 12903-4014	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 #: 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
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

**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

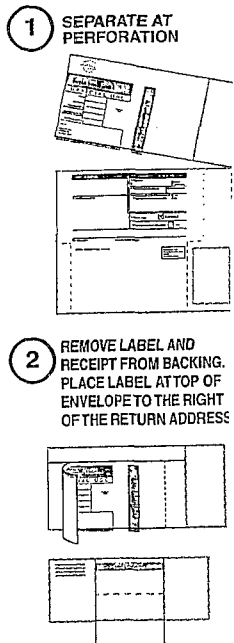
A. Signature Agent
 Addressee

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 #:





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

Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 2549

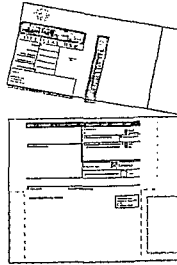
H H PHILLIPS JR ESTATE
PO BOX 17001
SAN ANTONIO, TX 78217-0001

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

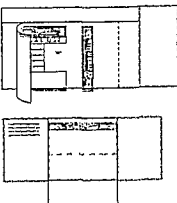
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2549	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
H H PHILLIPS JR ESTATE PO BOX 17001 SAN ANTONIO, TX 78217-0001	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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2549	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>J. Brown</i>	C. Date of Delivery <i>9-8-10</i>
H H PHILLIPS JR ESTATE PO BOX 17001 SAN ANTONIO, TX 78217-0001	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 #: 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	

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

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

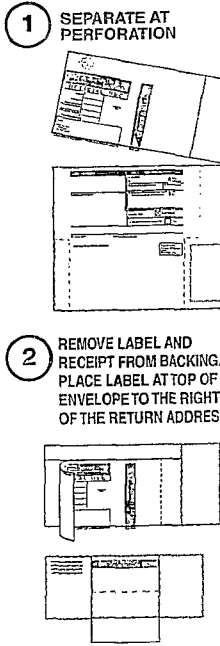
7110 6605 9590 0012 2563

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 #:

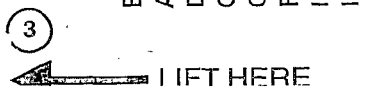
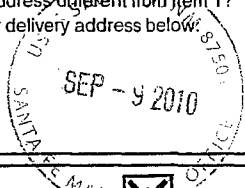
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2563	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 LIMITED PARTNERSHIP PO BOX 2185 SANTA FE, NM 87504-2185	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 2563	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 LIMITED PARTNERSHIP PO BOX 2185 SANTA FE, NM 87504-2185	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 #: 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	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: **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

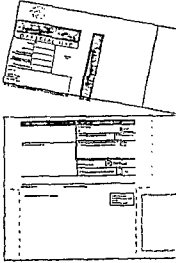
HAMMEL SURVIVORS TRUST DTD 12/7/01
 11321 FOSTER RD
 LOS ALAMITOS, CA 90720

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

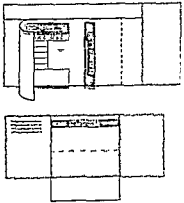
Reorder Form LCD-8 Rev. 01/07

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: HAMMEL SURVIVORS TRUST DTD 12/7/01 11321 FOSTER RD LOS ALAMITOS, CA 90720	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2587	A. Signature <input type="checkbox"/> Agent X <i>Janet A. Howell</i> <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: HAMMEL SURVIVORS TRUST DTD 12/7/01 11321 FOSTER RD LOS ALAMITOS, CA 90720	B. Received by (Printed Name) <i>Janet A. Howell</i>	C. Date of Delivery <i>9-7-10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

3

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	

Delivered 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

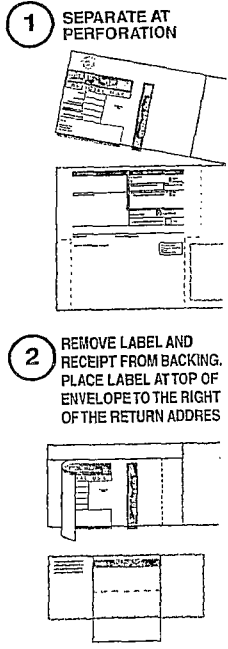
A. Signature Agent
 Addressee

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 Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

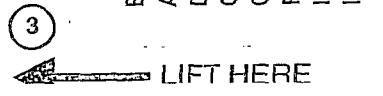
Denise Telke SEP 07 2010

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	

Delivered to
 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-01 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

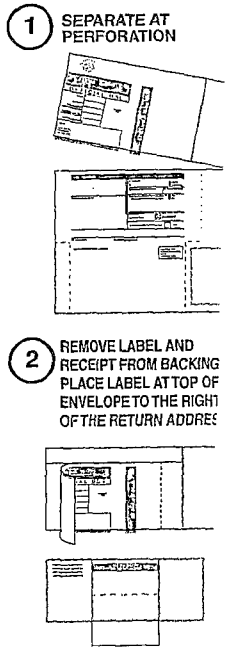
A. Signature Agent Addressee
 X

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 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 Addressee
 X *Tammy B*

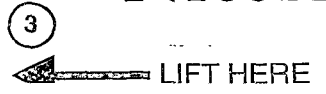
B. Received by (Printed Name) C. Date of Delivery
 Tammy Bernal 8-31-10

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 #: 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	

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

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

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 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

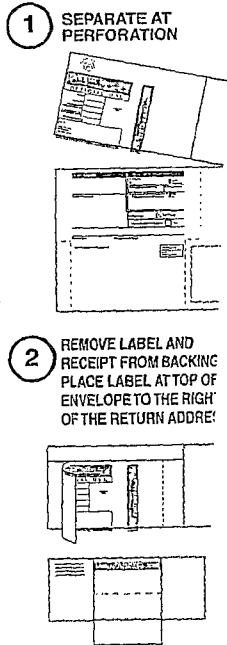
A. Signature Agent
 Addressee

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 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

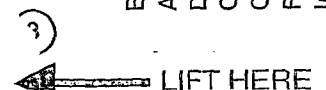
B. Received by (Printed Name) Date of Delivery

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





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

Content 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



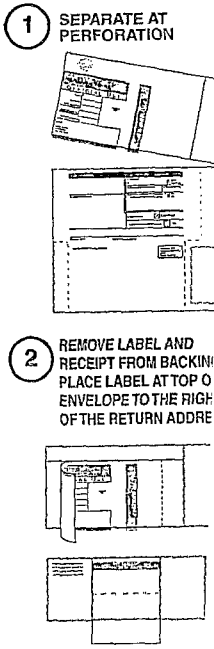
7110 6605 9590 0012 2624

**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 #:

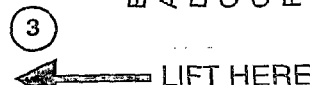
Form 3800, August 2006. See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 2624	COMPLETE THIS SECTION ON DELIVERY	
	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 7110 6605 9590 0012 2624	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X <i>J. Bond</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. Bond</i>	C. Date of Delivery <i>9/1/2010</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 #:





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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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



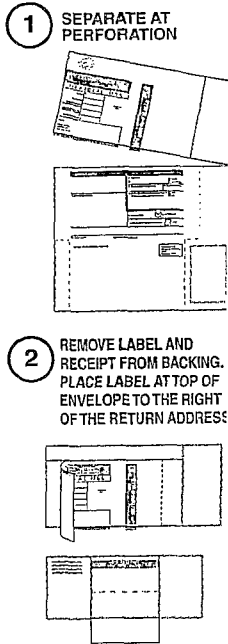
7110 6605 9590 0012 2648

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 #:

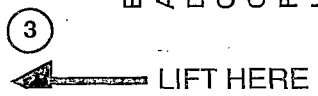
Reorder Form LCD Rev. 01/07

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
HAROLD E PALMER PO BOX 1743 AZTEC, NM 87410-4743	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 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
HAROLD E PALMER PO BOX 1743 AZTEC, NM 87410-4743	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 #: 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
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
HAROLD K MORGAN
3576 DEER CREEK DR
PARKER, CO 80138

PS Form 3800, August 2008. 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

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

PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

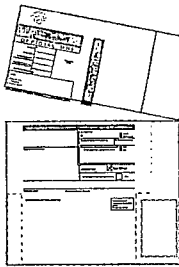


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

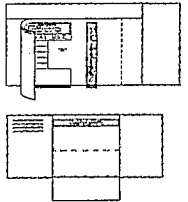
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

1 SEPARATE AT PERFORATION



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



3

↑ LIFT HERE



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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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 2679

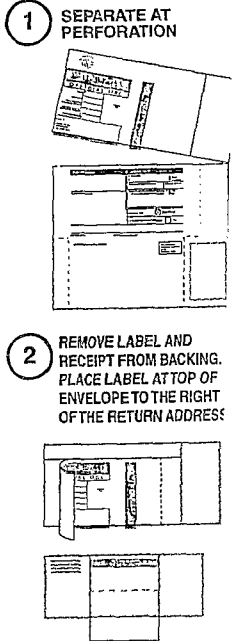
HARRIET M BUCHENAU LIVING TRUST
PO BOX 867585
PLANO, TX 75086-7585

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- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2679	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
HARRIET M BUCHENAU LIVING TRUST PO BOX 867585 PLANO, TX 75086-7585	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	C. Date of Delivery 9-9-10
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
HARRIET M BUCHENAU LIVING TRUST PO BOX 867585 PLANO, TX 75086-7585	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee)	

PS Form 3811 Domestic Return Receipt

Batch #: 2190
 Article #: 71106605959000122679
 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 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	

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. HOLD AT POST OFFICE.
CERTIFIED MAIL

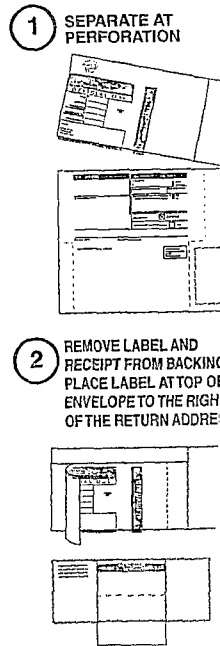
7110 6605 9590 0012 2662

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 #:

Reorder Form LCD-8 Rev. 01/07

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:	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? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



PS

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2662	A. Signature X <i>Cassie 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		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 #:



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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

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

Form 3800, August 2006 See Reverse for Instructions



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 #:

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

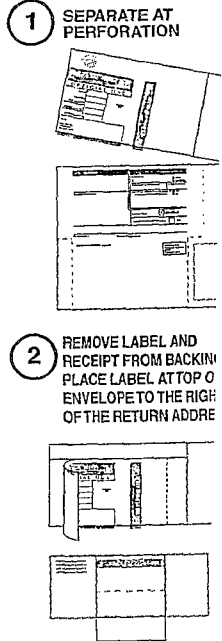
A. Signature Agent
X Addressee

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	

Delivered To
 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

Reorder Form LCD-8 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

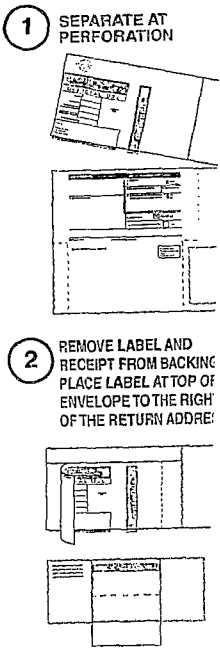
A. Signature Agent
X Addressee

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 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
X Addressee
 A. MARTELL

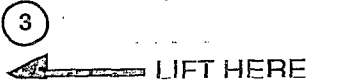
B. Received by (Printed Name) C. Date of Delivery

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 #:





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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	

Return 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



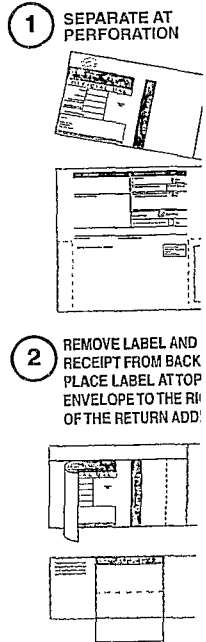
7110 6605 9590 0013 2920

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 #:

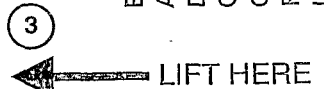
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2920	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 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 X <i>Eric Robinson</i>	<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 JOHN P PO BOX 840738 DALLAS, TX 75284-0738	<i>ERIC ROBINSON</i>	<i>SEP 16 2010</i>
	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

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

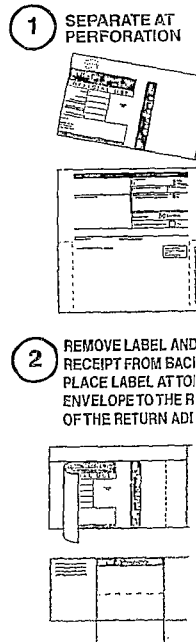
7110 6605 9590 0013 2913

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 #:

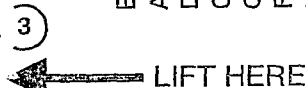
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2913	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" 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? <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	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2913	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
HARRY D PORTER TRUST U/W FBO ANNA C PO BOX 840738 DALLAS, TX 75284-0738	ERIC ROBINSON	9/14/2010
	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 #: 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

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

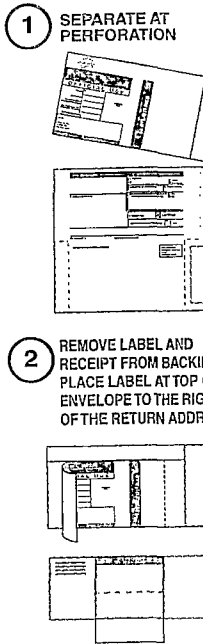
A. Signature Agent
X Addressee

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	

Print To
 Recipient, Apt. No.,
 PO Box No.,
 City, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



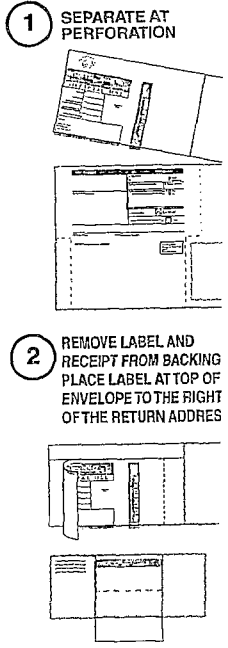
7110 6605 9590 0012 2709

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 #:

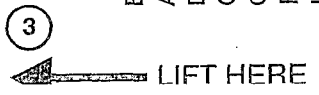
Reorder Form LCD rev. 01/07

2 - Article Number	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 <i>[Signature]</i>	<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	

Send To
 HENRY C HESS
 4019 CINNAMON FERN CT
 HOUSTON, TX 77059

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



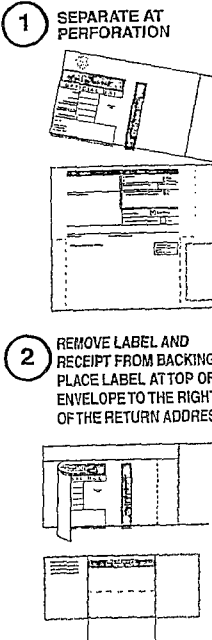
7110 6605 9590 0012 2716

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2716	A. Signature <input type="checkbox"/> Agent X <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 <input type="checkbox"/> Agent X <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	9/3/10
	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 #:

3
 I LEFT HERE



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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	

Post 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 See Reverse for Instructions

Code: Allocation Project - D.Howell



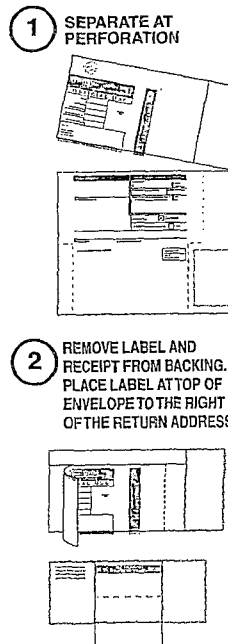
7110 6605 9590 0012 2730

**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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2730	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 P ISHAM III 2510 ST PAUL ST DENVER, CO 80210	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 2730	A. Signature X <i>Pura Isham</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HENRY P ISHAM III 2510 ST PAUL ST DENVER, CO 80210	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 #: 71106605959000122730
 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 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

Post Office: **3602 JAGUAR PLACE**
 City, State, Zip+4

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



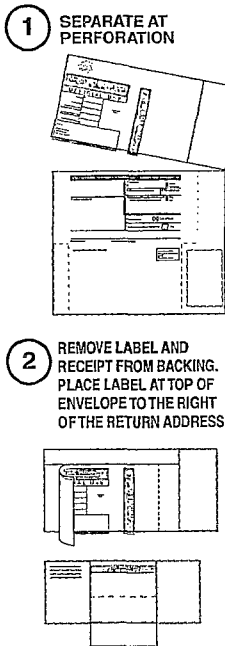
7110 6605 9590 0012 2747

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 LCP R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2747	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
HENRY RICHARD BRACK 3602 JAGUAR PLACE FORT COLLINS, CO 80525	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	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	

ent To **HERBERT J NEWCOMB JR**
13743 E CALEY DR

reat, Apt. No.;
 PO Box No.
 ity, State, Zip+4 **CENTENNIAL, CO 80111-2434**

Form 3800, August 2006 See Reverse for Instructions



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

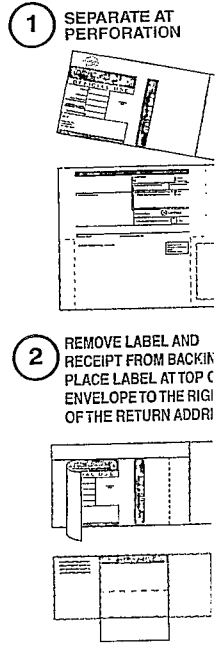
A. Signature Agent
X Addressee

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 Mail Now Addressee

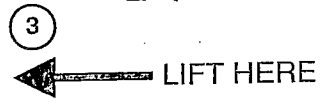
B. Received by (Printed Name) C. Date of Delivery
 9/17/10

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

3. Service Type Certified

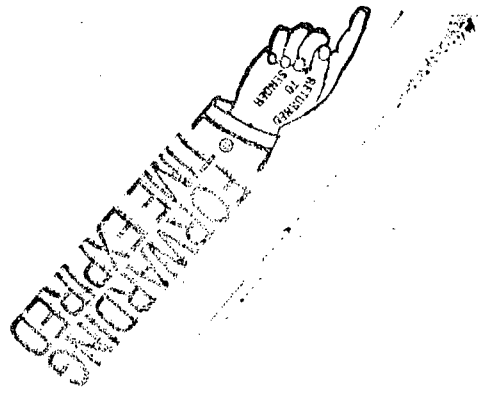
4. Restricted Delivery? (Extra Fee) Yes

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



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	

Post 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



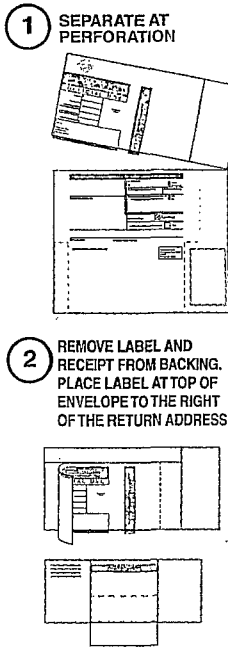
7110 6605 9590 0012 2556

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, Rev. 01/07

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



PS Form 3811

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	

Post 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

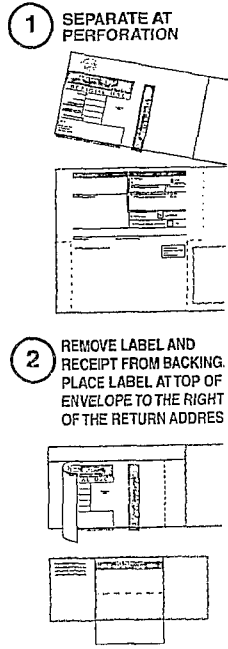
A. Signature Agent Addressee

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 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 No
 If YES enter delivery address below:

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 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-1 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

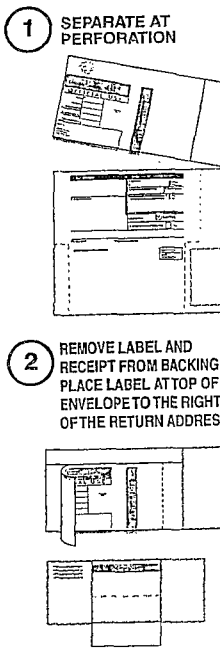
A. Signature Agent Addressee
 X

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 *Mixine Johnson*

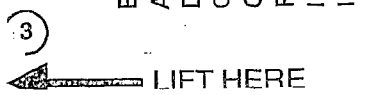
B. Received by (Printed Name) C. Date of Delivery
 MIXINE JOHNSON 9-4-10

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	

Postmark Here

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 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 LC12, 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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

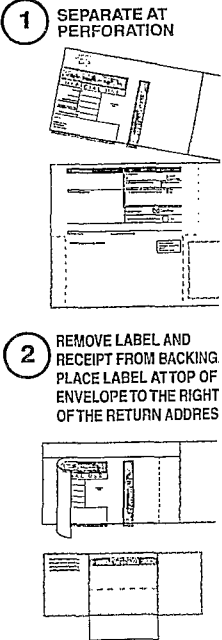
A. Signature Agent
 Addressee

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



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

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 #: 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
(Certified 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	

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

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 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 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

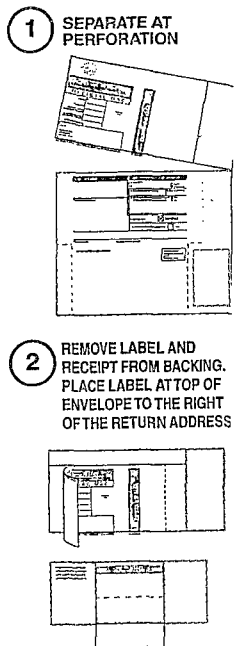
A. Signature Agent Addressee
X

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 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

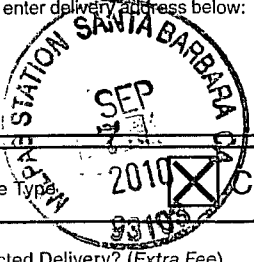
A. Signature Agent Addressee
X *Hope S. Kelly*

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

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 #:





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

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

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 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 3800 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

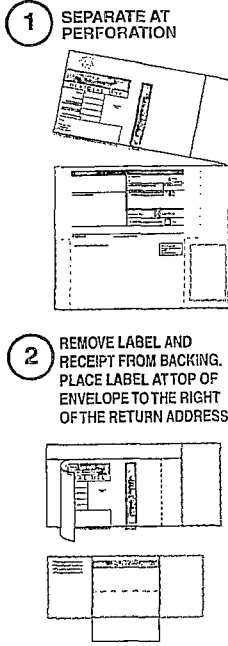
A. Signature Agent
X Addressee

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 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
X Addressee

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

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

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 01 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

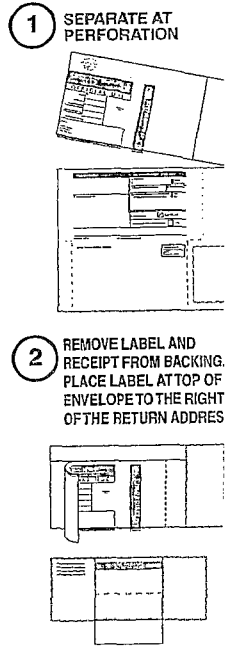
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 2761

1. Article Addressed to:

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

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*

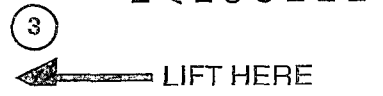
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

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	

Send To
 HONUA OLA MAU LLC
 PO BOX 1831
 HONOLULU, HI 96805-1831

PS Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 2792

HONUA OLA 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-8111R rev. 01/07

2. Article Number

7110 6605 9590 0012 2792

1. Article Addressed to:

HONUA OLA MAU LLC
 PO BOX 1831
 HONOLULU, HI 96805-1831

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2792

1. Article Addressed to:

HONUA OLA MAU LLC
 PO BOX 1831
 HONOLULU, HI 96805-1831

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

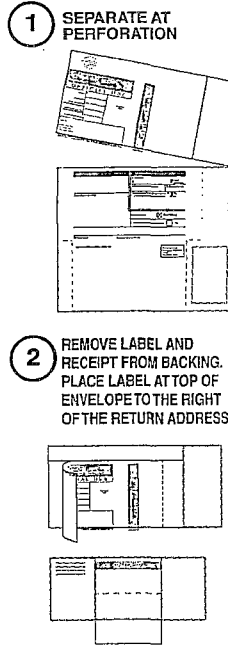
B. Received by (Printed Name) C. Date of Delivery
 Ron Oshiro SEP 20 2010

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

Code: Allocation Project - D.Howell



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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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	

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

PS 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™

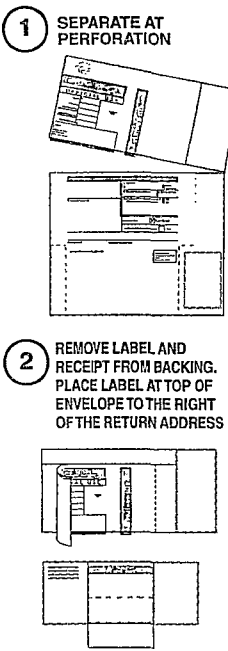
7110 6605 9590 0012 2839

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 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
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 #:

3
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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	

Postmark Here

ent To

Street, Apt. No.,
 or 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

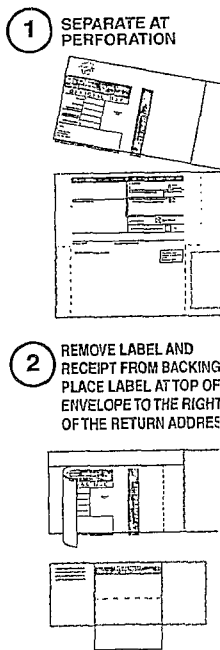
HOWELL GRANDCHILDRENS TRUST ESTATE
 C/O CHASE MANHATTAN BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

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

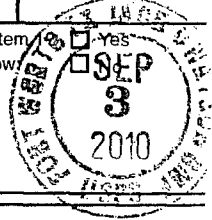
Form 3800, August 2006 See Reverse for Instructions

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? 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 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? 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 #: 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	

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



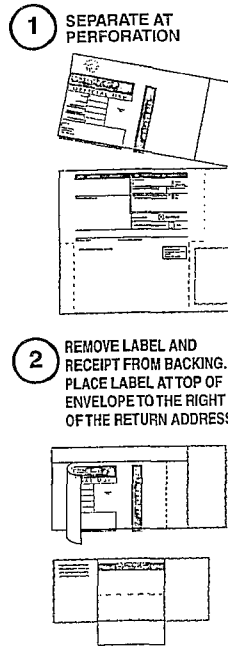
7110 6605 9590 0012 2853

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 #:

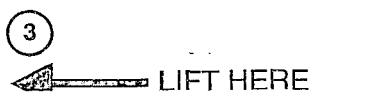
Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2853	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
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
HUGH JAMES HALL JR 1623 DESERT WILLOW DRIVE CARLSBAD, NM 88220	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2853	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
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
HUGH JAMES HALL JR 1623 DESERT WILLOW DRIVE CARLSBAD, NM 88220	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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
 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 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

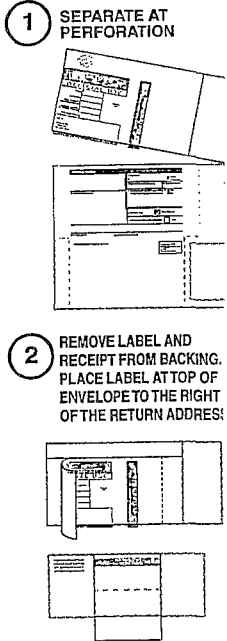
X

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 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

[Signature]

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
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

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

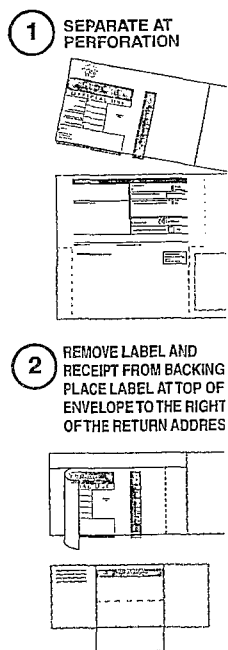
Batch #: 2191
 Article #: 71106605959000122877
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

PS Form 3800, August 2008 See Reverse for Instructions

Recorder Form LCD 3800R rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2877		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
HUNTINGTON CANYON LARGO LLC ATTN: CARL SHERRIL 908 NW 71ST ST OKLAHOMA CITY, OK 73116-7402		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 2877		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
HUNTINGTON CANYON LARGO LLC ATTN: CARL SHERRIL 908 NW 71ST ST OKLAHOMA CITY, OK 73116-7402		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 #: 71106605959000122877
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

