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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

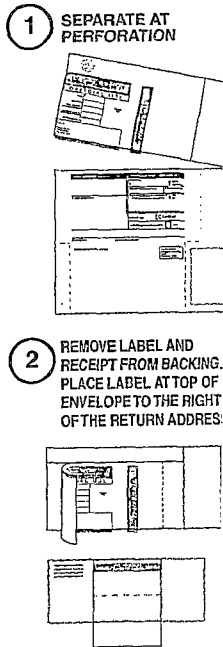
7110 6605 9590 0012 2570

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 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 <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 #:

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

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

Postnet, 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 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

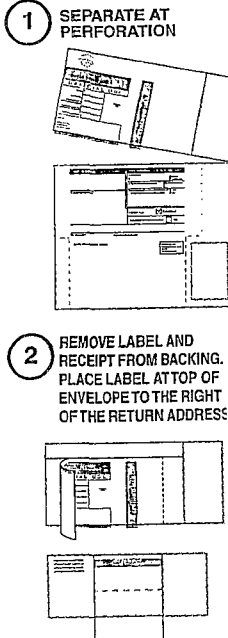
A. Signature Agent Addressee
X

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 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

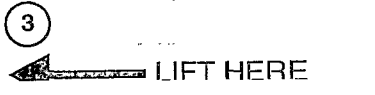
B. Received by (Printed Name) C. Date of Delivery
David Nelson **9-7-10**

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

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 Here

Post 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

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

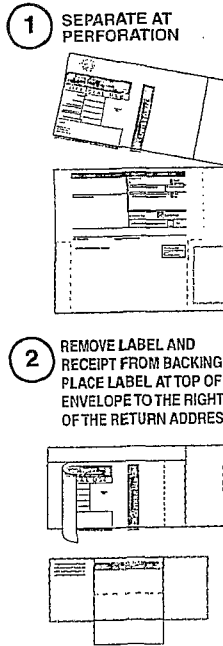
A. Signature Agent
 Addressee

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
 Addressee

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

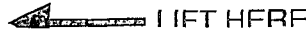
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

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	

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2563

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

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

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2563

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

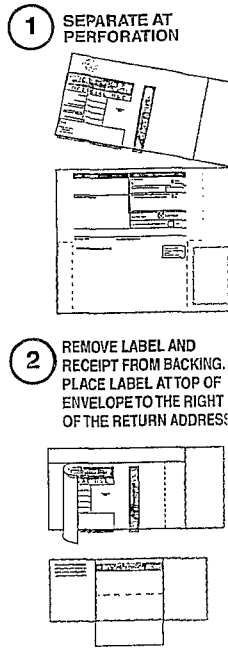
A. Signature
X Agent Addressee

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 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
X *Haila Harvey* Agent Addressee

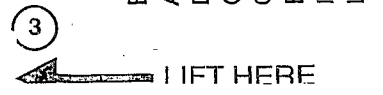
B. Received by (Printed Name) C. Date of Delivery
HAILA HARVEY 9/9/10

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 #: 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	Postrmark 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

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 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

7110 6605 9590 0012 2587

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

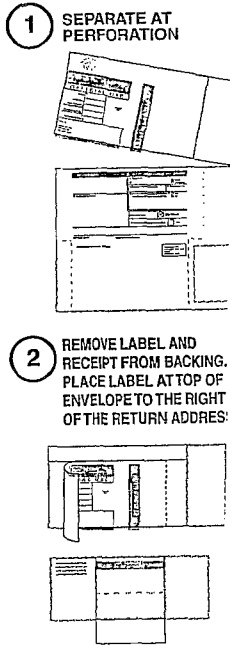
A. Signature Agent
X Addressee

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



Article Number

7110 6605 9590 0012 2587

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Janet A. Hammel Addressee

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

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 #:

LIFT HERE



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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
 Recipient, Apt. No., PO Box No., City, State, Zip+4
HANNAH E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2594

HANNAH E NORDHAUS
 6301 UPTOWN BLVD NE
 ALBUQUERQUE, NM 87110

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

Reorder Form LCD-8 rev. 01/07

2. Article Number
 7110 6605 9590 0012 2594

1. Article Addressed to:
HANNAH E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

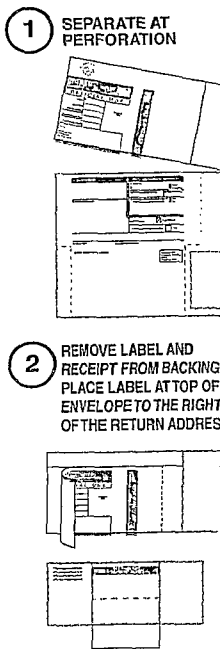
A. Signature
X Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 2594

1. Article Addressed to:
HANNAH E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

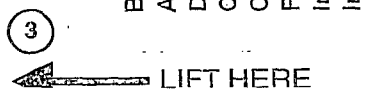
A. Signature
X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Denise Tenk **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 #:



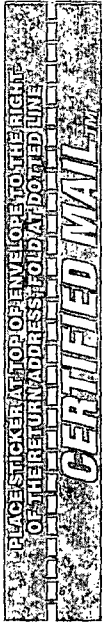
U.S. Postal Service
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7110 6605 9590 0012 2600

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	

Post to: **HANNIFIN FAMILY TRUST**
PO BOX 218
MIDLAND, TX 79702

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2600

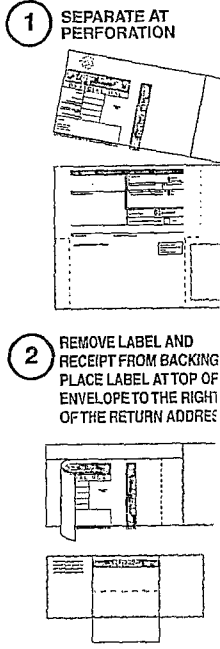
HANNIFIN FAMILY TRUST
 PO BOX 218
 MIDLAND, TX 79702

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

Form 3800, August 2006 See Reverse for Instructions

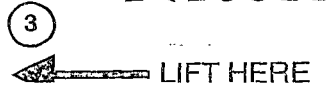
Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2600	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: HANNIFIN FAMILY TRUST PO BOX 218 MIDLAND, TX 79702	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 2600	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: HANNIFIN FAMILY TRUST PO BOX 218 MIDLAND, TX 79702	B. Received by (Printed Name) <i>Tammy Bernal</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		

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	

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 2617

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

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

Form 3800, August 2006. See Reverse for Instructions

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

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

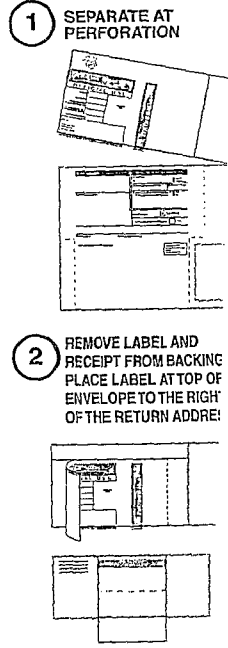
A. Signature Agent Addressee
X

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 *Jan Starnes*

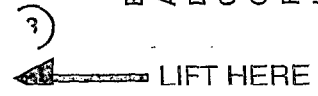
B. Received by (Printed Name) C. Date of Delivery
Jan Starnes **ROSWELL, NM 88201**

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 #:



Reorder Form LCD-8 v. 01/07



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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



7110 6605 9590 0012 2624

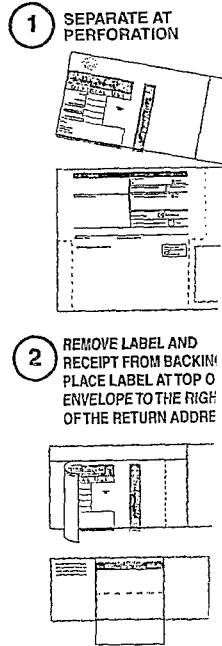
**HARCO LIMITED PARTNERSHIP
 ATTN: GERALD E HARRINGTON
 P.O. BOX 3716
 ROSWELL, NM 88202-3716**

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

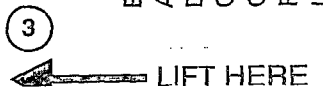
Reorder Form LCD-8 v. 01/07

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:	B. Received by (Printed Name) C. Date of Delivery
HARCO LIMITED PARTNERSHIP ATTN: GERALD E HARRINGTON P.O. BOX 3716 ROSWELL, NM 88202-3716	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 2624	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 <i>J. Carl Jeff</i> 9/1/2010
HARCO LIMITED PARTNERSHIP ATTN: GERALD E HARRINGTON P.O. BOX 3716 ROSWELL, NM 88202-3716	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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



Philips

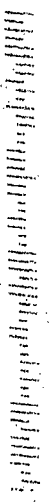
101 1128 811 1 8118 8 114-317 81 8181 8 118 8 181 118 1 128 811 81
2470 6605 9590 0012 2631



000833 / 08 / 98 / 02 / 2015
MAILED FROM ZIP CODE 87402

RETURNED TO SENDER
HANDS OFF CARTER TRUST
PO BOX 12766
DALLAS TX 75225
FORWARDING TIME EXPIRED

RETURNED TO SENDER
HANDS OFF CARTER TRUST
PO BOX 12766
DALLAS TX 75225
FORWARDING TIME EXPIRED





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Domestic Mail Only/No Insurance Coverage Provided
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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
 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

7110 6605 9590 0012 2648

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

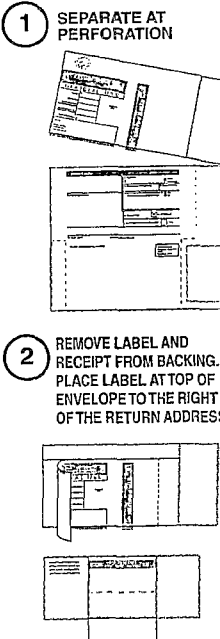
A. Signature Agent Addressee
X

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 2648

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Harold E Palmer

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

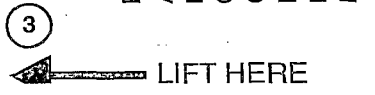
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Stamp: AZTEC NM 87410 SEP 09 2010

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





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7110 6605 9590 0012 2655

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2655

HAROLD K MORGAN
3576 DEER CREEK DR
PARKER, CO 80138

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

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 2655

1. Article Addressed to:

HAROLD K MORGAN
3576 DEER CREEK DR
PARKER, CO 80138

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

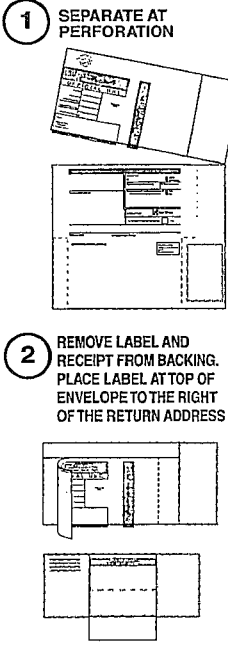
A. Signature Agent
X Addressee

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



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
SJBUCoconophillips
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 #:





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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 3800, August 2006. See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 2679

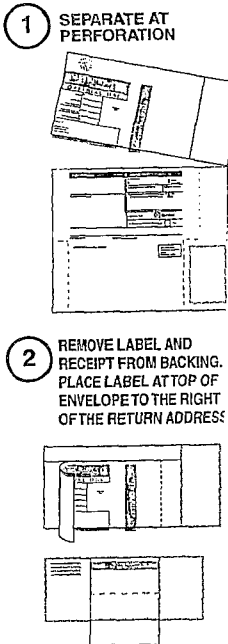
HARRIET M BUCHENAU LIVING TRUST
PO BOX 867585
PLANO, TX 75086-7585

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

PS Form 3811 Domestic Return Receipt



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

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	

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

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 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 #:

Form 3811, August 2006 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 2662

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

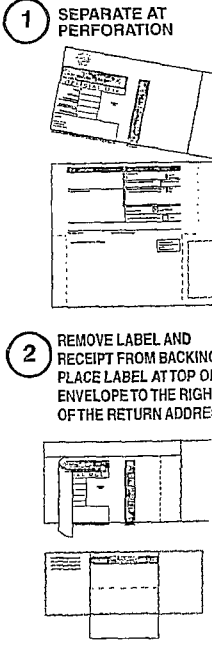
A. Signature Agent
X Addressee

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



PS

2. Article Number

7110 6605 9590 0012 2662

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Cessie Cooper* Addressee

B. Received by (Printed Name) C. Date of Delivery
 9-2-16

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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	

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2686

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

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

Form 3800, August 2006 See Reverse for Instructions

2. Article Number
 7110 6605 9590 0012 2686

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

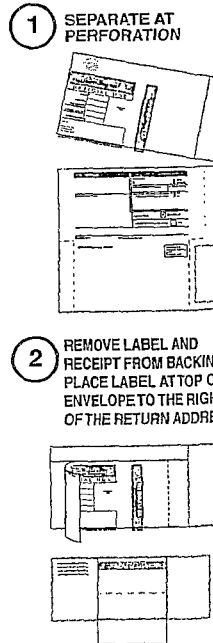
A. Signature
 Agent
 Addressee

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
 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 #:



Reorder Form LCD-8 Rev. 01/07



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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

Code: Allocation Project - D.Howell

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

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

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



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 #: 711066059590000122693
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS 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

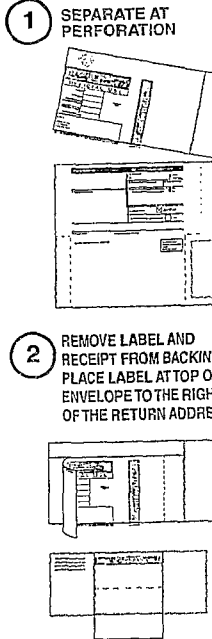
A. Signature Agent Addressee
 X

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 2693

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X AMARTELL

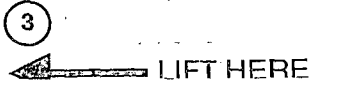
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2190
 Article #: 711066059590000122693
 Date/Time: 8/31/2010 11:33:29 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Recorder 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	

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

Form 3800, August 2006 See Reverse for Instructions

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

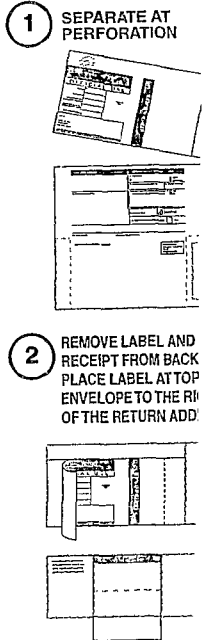
7110 6605 9590 0013 2920

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 #:

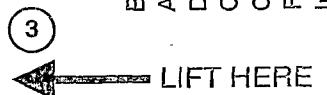
Reorder Form LCD-8 v. 01/07

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, FOLD AT DOTTED LINE

CERTIFIED MAIL™

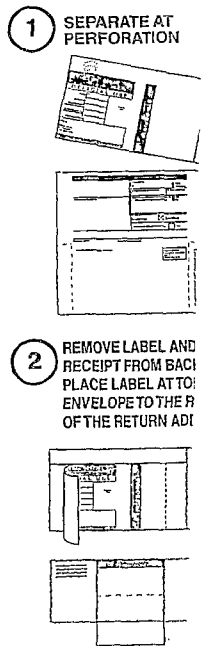
7110 6605 9590 0013 2913

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 #:

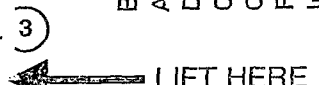
Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2913	A. Signature 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? <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 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? <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
 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4 **TULSA, OK 74136**

PS Form 3800, August 2006 See reverse for instructions



7110 6605 9590 0013 3545

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

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

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

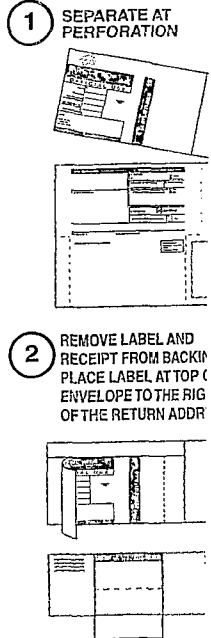
A. Signature Agent
X Addressee

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 *John L. Hathaway* Addressee

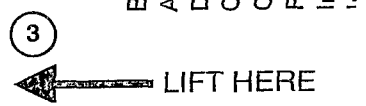
B. Received by (Printed Name) C. Date of Delivery
 9-16-10

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 #:



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



U.S. Postal Service
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7110 6605 9590 0012 2709

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

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

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 2709

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

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

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2709

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

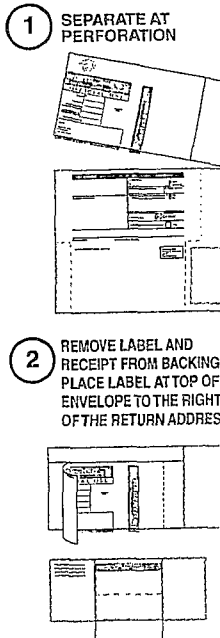
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2709

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

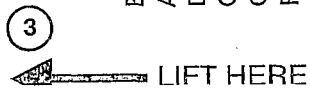
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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





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7110 6605 9590 0012 2716

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

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

HENRY C HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



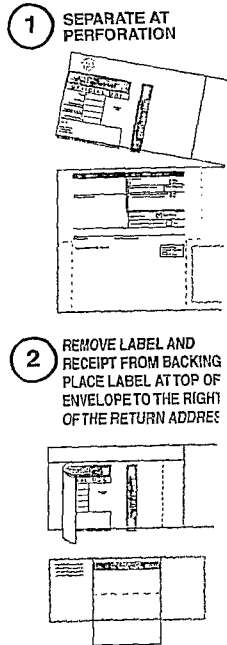
7110 6605 9590 0012 2716

HENRY C HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

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

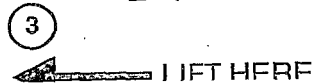
Reorder Form LCD- rev. 01/07

2. Article Number	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 <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) H.C. HESS	C. Date of Delivery 9/13/10
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		

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





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7110 6605 9590 0012 2730

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

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

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

Form 3811, August 2009. See Reverse for Instructions

Code: Allocation Project - D.Howell



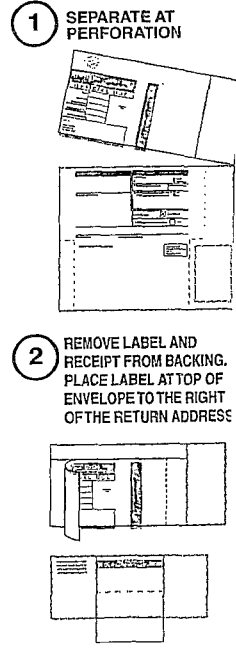
7110 6605 9590 0012 2730

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 #:

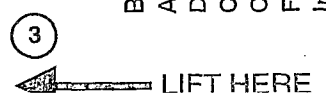
Reorder Form LCD 11 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2730	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 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	
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 2730	A. Signature <input type="checkbox"/> Agent X Pura Isham <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	
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 #: 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 3811, 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

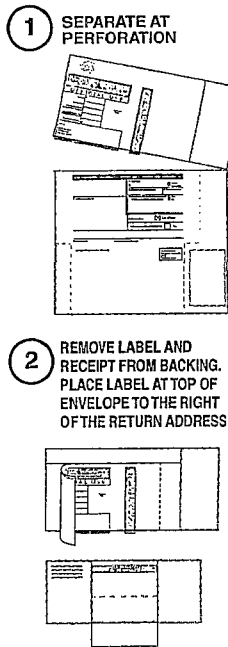
7110 6605 9590 0012 2747

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 LC700 R rev. 01/07

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	

ent To **HERBERT J NEWCOMB JR**
13743 E CALEY DR
 Centennial, Apt. No.,
 PO Box No.
 City, 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

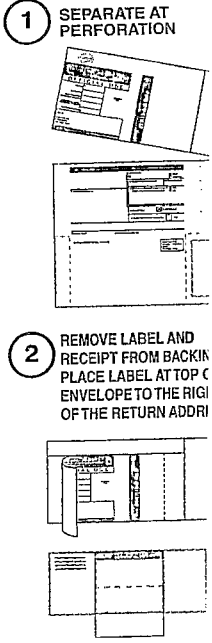
A. Signature Agent
X Addressee

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 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**

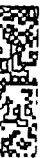
4. Restricted Delivery? (Extra Fee) Yes

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

Phillips

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

RETURN TO SENDER
FORWARDING
TIME EXPIRED



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

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

Form 3800, August 2006, See Back 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 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

7110 6605 9590 0012 2556

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

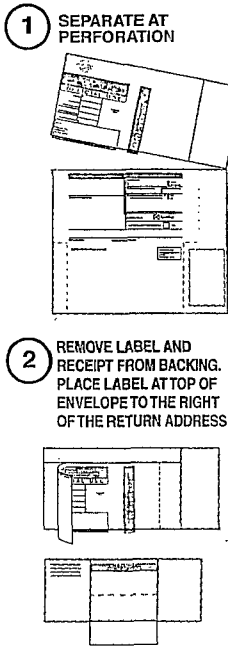
A. Signature Agent
 Addressee

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 #: 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

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 #:

Form 3800, August 2006. See Reverse for Instructions

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

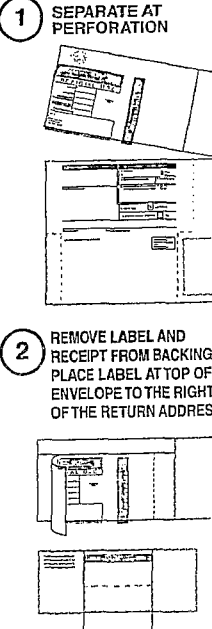
A. Signature Agent Addressee
 X

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

D. Is delivery address different from item 1? Yes 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
 X

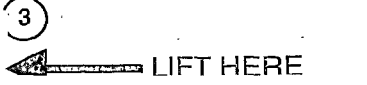
B. Received by (Printed Name) C. Date of Delivery

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

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-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

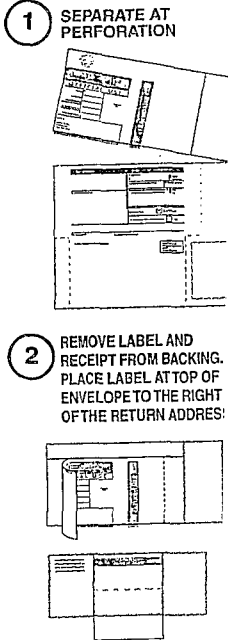
A. Signature Agent
 Addressee

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 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

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

MIXIME SOANSO 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

3
 Batch #: 2190
 Article #: 71106605959000122785
 Date/Time: 8/31/2010 11:33:30 AM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:
 LIFT HERE



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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

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 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 LC701 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

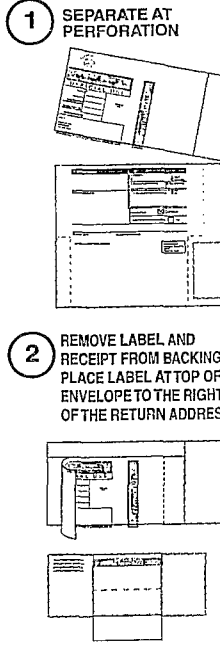
A. Signature Agent Addressee
 X

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



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
 X *D. COY*

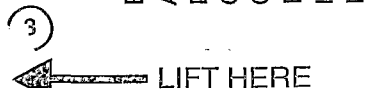
B. Received by (Printed Name) C. Date of Delivery
 D. COY 9/7/16

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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
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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	

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 3811, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS TO IDENTIFY MAIL
CERTIFIED MAIL™

Code: Allocation Project - D.Howell

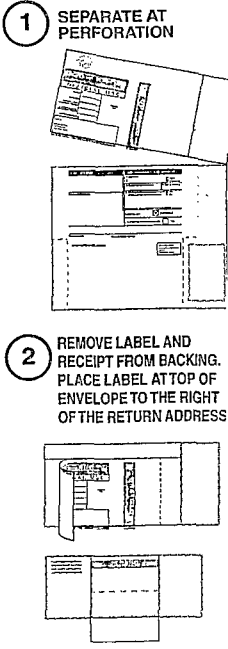
7110 6605 9590 0012 2815

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

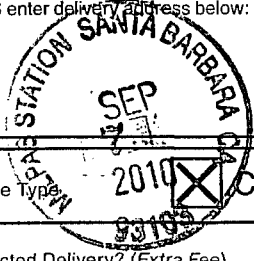
Batch #: 2191
 Article #: 71106605959000122815
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD Form rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2815	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
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	
HOPE S KELLY LIVING TRUST 839 SUMMIT RD SANTA BARBARA, CA 93108	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 2815	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Hope S. Kelly</i>	
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	
HOPE S KELLY LIVING TRUST 839 SUMMIT RD SANTA BARBARA, CA 93108	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 #: 71106605959000122815
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

 ← **LIFT HERE**



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	

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

PS Form 3811, August 2006 See Reverse for Instructions



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 PS Form 3811 rev. 01/07

2. Article Number
7110 6605 9590 0012 2822

1. Article Addressed to:
HORIZON ROYALTIES LLC
1490 W CANAL COURT SUITE 3000
LITTLETON, CO 80120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

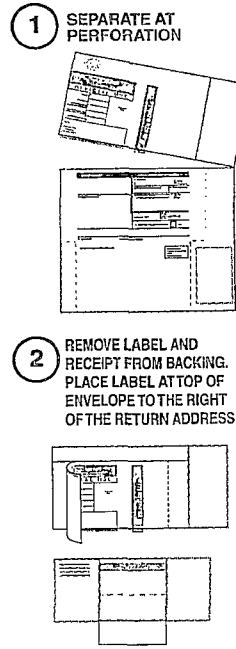
A. Signature Agent Addressee
X

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 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

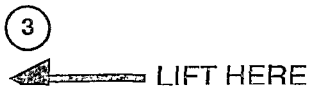
B. Received by (Printed Name) C. Date of Delivery
TREVOR ZENKEN 8/3/2010

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

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





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7110 6605 9590 0012 2761

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

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

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

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



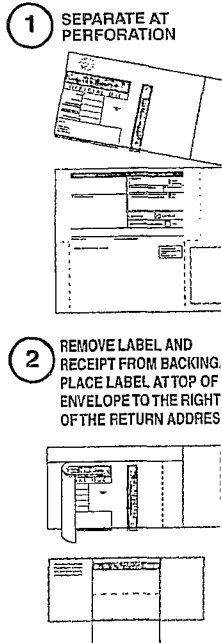
7110 6605 9590 0012 2761

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-100 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2761	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HOLLY BISHOP 6805 TRINITY LANDING DR N FORT WORTH, TX 76132		
	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 2761	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HOLLY BISHOP 6805 TRINITY LANDING DR N FORT WORTH, TX 76132	<i>Holly Bishop</i>	9-4-10
	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 #: 71106605959000122761
 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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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

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

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

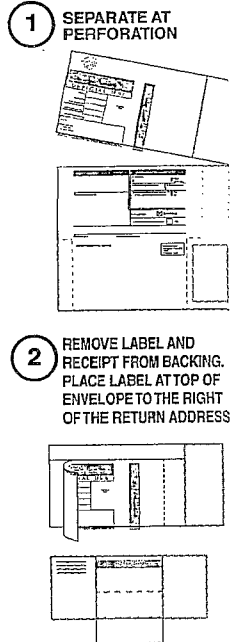
7110 6605 9590 0012 2792

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2792	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HONUOLA MAU LLC PO BOX 1831 HONOLULU, HI 96805-1831	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 2792	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
HONUOLA MAU LLC PO BOX 1831 HONOLULU, HI 96805-1831	Ron Oshiro	SEP 20 2010
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2190
 Article #: 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	

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 3811, August 2006 See Reverse for Instructions



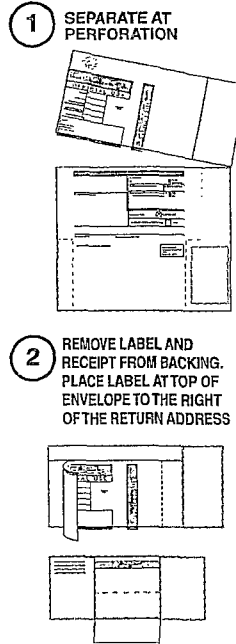
7110 6605 9590 0012 2839

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 LCD 11R rev. 01/07

2. Article Number 7110 6605 9590 0012 2839	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: HOWARD B SIMPSON ET AL RESIDUARY ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	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

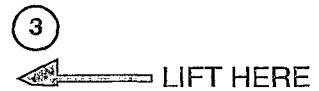
UNITED STATES POSTAL SERVICE



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

Lisa Hunter, Land Department
 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 #:





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 7110 6605 9590 0012 2846

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

Postmark Here

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

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 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

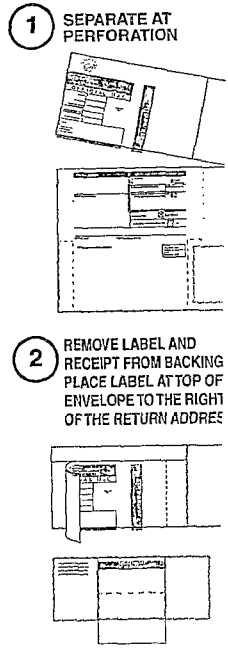
A. Signature Agent
X Addressee

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

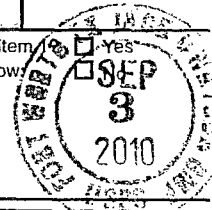
A. Signature Agent
X Addressee

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 #:





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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	

Delivered 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 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

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
 Addressee

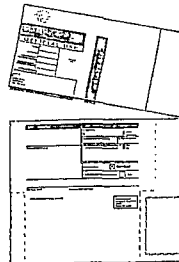
B. Received by (Printed Name) C. Date of Delivery

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

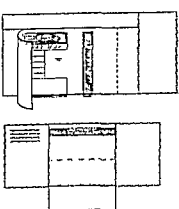
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 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
 Addressee

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

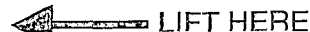
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000122853
 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 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

PS 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

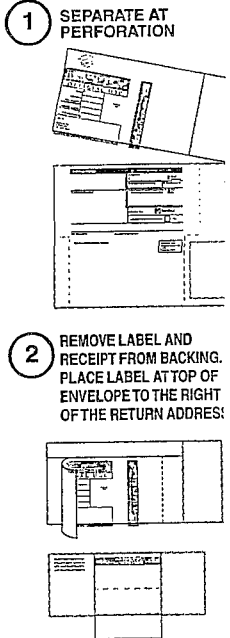
A. Signature
 X Agent
 Addressee

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 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
 X *[Signature]* Agent
 Addressee

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

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

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

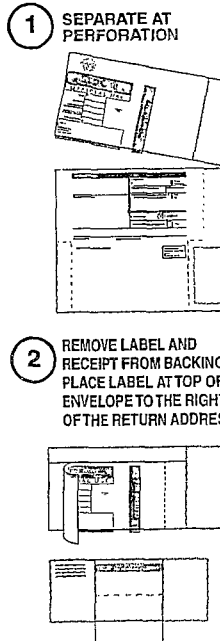
Batch #: 2191
 Article #: 71106605959000122877
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Postmark Here

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD 3800 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 #:

