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Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

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City, State, Zip+4

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

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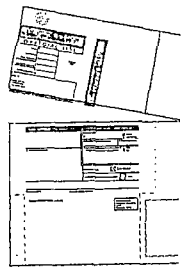
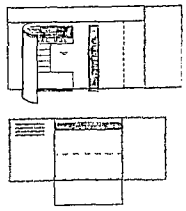
HALLETT MENGEL LUSCOMBE
13 IOWA CIR
PLATTSBURGH, NY 12903-4014

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2570

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 2570

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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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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

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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

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

CERTIFIED MAIL™

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-CMR rev. 01/07

2. Article Number

7110 6605 9590 0012 2754

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

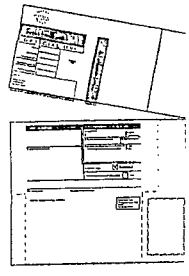
HILLS HYDROCARBONS LP
1315 RED FOX RD STE 200
ARDEN HILLS, MN 55112

3. Service Type ☒ Certified

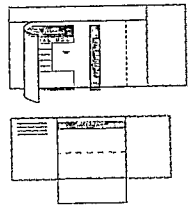
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2754

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David Nelson ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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
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

Sent To
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City, State, Zip+4

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

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

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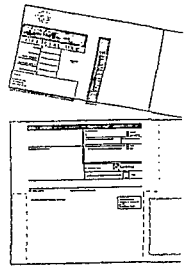
7110 6605 9590 0012 2549

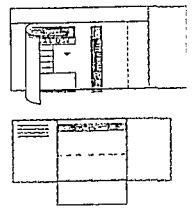
H H PHILLIPS JR ESTATE
PO BOX 17001
SAN ANTONIO, TX 78217-0001

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2549

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2549

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 2563

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

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

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

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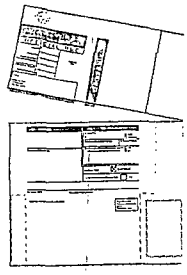
7110 6605 9590 0012 2563

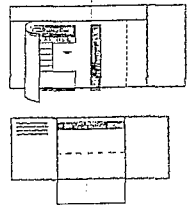
H LIMITED PARTNERSHIP
PO BOX 2185
SANTA FE, NM 87504-2185

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2563	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: H LIMITED PARTNERSHIP PO BOX 2185 SANTA FE, NM 87504-2185	B. Received by (Printed Name) / C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2563	A. Signature X Haila Harvey ☐ Agent ☐ Addressee
1. Article Addressed to: H LIMITED PARTNERSHIP PO BOX 2185 SANTA FE, NM 87504-2185	B. Received by (Printed Name) HAILA HARVEY / C. Date of Delivery 9/9/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

SEP - 9 2010

Code: Allocation Project - D.Howell

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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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

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

Code: Allocation Project - D.Howell

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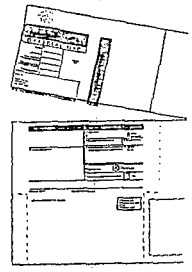
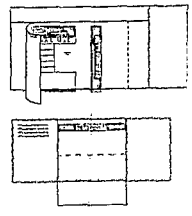
HAMMEL SURVIVORS TRUST DTD 12/7/01
11321 FOSTER RD
LOS ALAMITOS, CA 90720

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2587

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Article Number

7110 6605 9590 0012 2587

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet A. Hammel ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Janet A. Hammel | C. Date of Delivery 9-7-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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
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

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

HANNAH E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

PS 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

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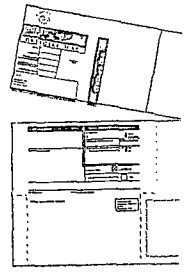
7110 6605 9590 0012 2594

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 #:

1 SEPARATE AT PERFORATION



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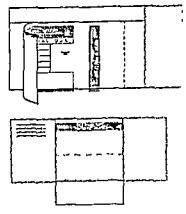

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2594

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HANNAH E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2594

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

HANNAH E NORDHAUS
6301 UPTOWN BLVD NE
ALBUQUERQUE, NM 87110

UPTOWN ALBUQUERQUE NM 87110 SEP 07 2010 USPS

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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
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

Sent To
HANNIFIN FAMILY TRUST
Street, Apt. No.; or PO Box No.
PO BOX 218
City, State, Zip+4
MIDLAND, TX 79702

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
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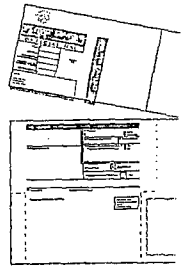
7110 6605 9590 0012 2600

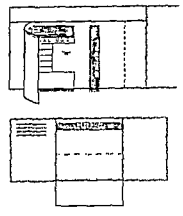
HANNIFIN FAMILY TRUST
PO BOX 218
MIDLAND, TX 79702

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2600

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HANNIFIN FAMILY TRUST
PO BOX 218
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2600

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HANNIFIN FAMILY TRUST
PO BOX 218
MIDLAND, TX 79702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Tammy Bernal
9-7-10

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 2617

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

Sent To

Street, Apt. No.; or PO Box No.

City, State, Zip+4

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

PS 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

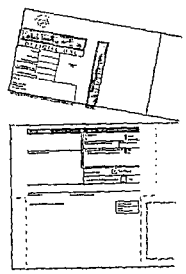
CERTIFIED MAIL™

7110 6605 9590 0012 2617

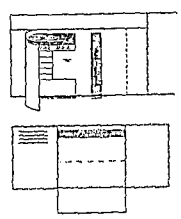
HANSON MCBRIDE PETROLEUM CO LLC
P O BOX 1515
ROSWELL, NM 88201

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0012 2617

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2617

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Stamps ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

ROSWELL, NM 88201 USPS

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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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

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

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

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 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2624

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

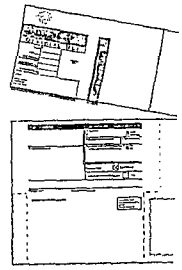
HARCO LIMITED PARTNERSHIP
ATTN: GERALD E HARRINGTON
P.O. BOX 3716
ROSWELL, NM 88202-3716

3. Service Type ☒ Certified

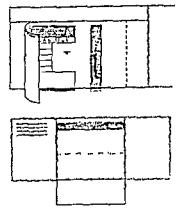
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



2. Article Number

7110 6605 9590 0012 2624

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

J. Bol Jeff 9/3/2010

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

Philips

7010 6605 9590 0012 2631

FORWARDING TIME EXPIRED

RETURN TO SENDER

HAROLD D CARTER TRUSTEE
PO BOX 14766
DALLAS, TX 75225

FORWARDING TIME EXPIRED

RETURN TO SENDER

MAILED FROM ZIPCODE 87402

APPROVED

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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 2648

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

Sent To
HAROLD E PALMER
Street, Apt. No.; or PO Box No.
PO BOX 1743
City, State, Zip+4
AZTEC, NM 87410-4743

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

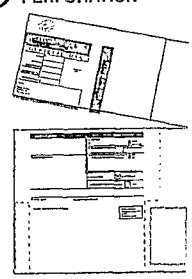
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2648

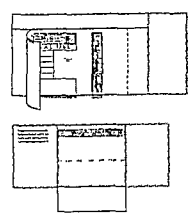
HAROLD E PALMER
PO BOX 1743
AZTEC, NM 87410-4743

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 3 rev. 01/07

2. Article Number
7110 6605 9590 0012 2648

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 2648

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Harold E Palmer ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

AZTEC NM 87410
SEP 0 6 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 #:

3 LIFT HERE

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CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

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

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

HAROLD K MORGAN
3576 DEER CREEK DR
PARKER, CO 80138

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

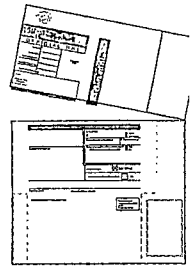
CERTIFIED MAIL™

7110 6605 9590 0012 2655

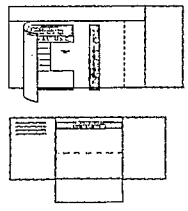
HAROLD K MORGAN
3576 DEER CREEK DR
PARKER, CO 80138

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

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 2655

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HAROLD K MORGAN
3576 DEER CREEK DR
PARKER, CO 80138

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-3R rev. 01/07

UNITED STATES POSTAL SERVICE

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

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

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

3 LIFT HERE

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

7110 6605 9590 0012 2679

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

Sent To
HARRIET M BUCHENAU LIVING TRUST
Street, Apt. No.; or PO Box No.
PO BOX 867585
City, State, Zip+4
PLANO, TX 75086-7585

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 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-6 rev. 01/07

2. Article Number

7110 6605 9590 0012 2679

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

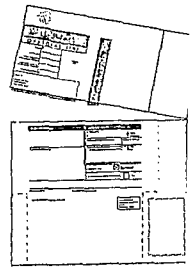
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

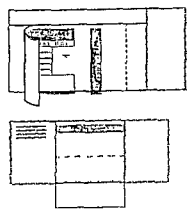
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

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 2679

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*)

Code: Allocation Project - D.Howell

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 #:

3 LIFT HERE

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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 2662

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

Sent To

Street, Apt. No.; or PO Box No.

City, State, Zip+4

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 THE RETURN ADDRESS, FOLD AT DOTTED LINE

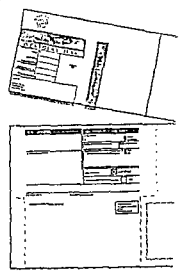
CERTIFIED MAIL™

7110 6605 9590 0012 2662

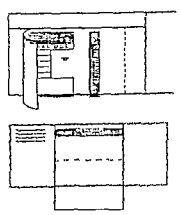
HAROLD RICHARD COOPER
9013 FOREST DR
FAIRVIEW HEIGHTS, IL 62208-1010

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2662

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS

2. Article Number

7110 6605 9590 0012 2662

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cesar Cooper ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-2-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 2686

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

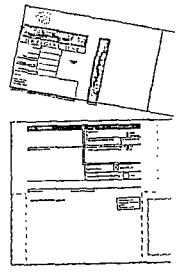
CERTIFIED MAIL™

7110 6605 9590 0012 2686

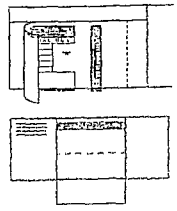
HARRINGTON ENERGY RESOURCES LP
C/O US TRUST BANK OF AMERICA
PO BOX 219119
KANSAS CITY, MO 64131

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2686

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2686

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X AMARTELL ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 2693

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

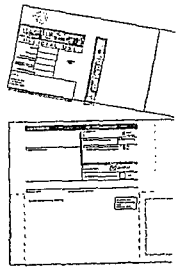
CERTIFIED MAIL™

7110 6605 9590 0012 2693

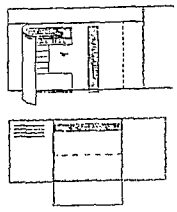
HARRINGTON SOUTHWEST ENERGY LP
C/O US TRUST BANK OF AMERICA
PO BOX 219119
KANSAS CITY, MO 64131

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2693

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2693

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X AMARTELL ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2190
Article #: 71106605959000122693
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 2920

Postage	$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

Postmark Here

Sent To: HARRY D PORTER TRUST U/W FBO JOHN
Street, Apt. No.; or PO Box No.: PO BOX 840738
City, State, Zip+4: 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™

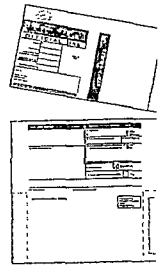
7110 6605 9590 0013 2920

HARRY D PORTER TRUST U/W FBO JOHN P
PO BOX 840738

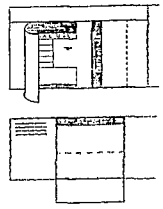
DALLAS, TX 75284-0738

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE RI OF THE RETURN ADD



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HARRY D PORTER TRUST U/W FBO JOHN P
PO BOX 840738

DALLAS, TX 75284-0738

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 2920

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HARRY D PORTER TRUST U/W FBO JOHN P
PO BOX 840738

DALLAS, TX 75284-0738

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

E PRINCE ROBINSON SEP 16 2010

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

PS Form 3811 — Domestic Return Receipt

3 LIFT HERE

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7110 6605 9590 0013 2913

Postage	$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

Postmark Here

Sent To: HARRY D PORTER TRUST U/W FBO ANNA
Street, Apt. No.; or PO Box No.: PO BOX 840738
City, State, Zip+4: DALLAS, TX 75284-0738

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

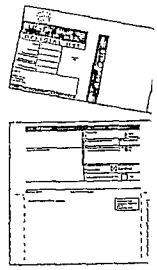
7110 6605 9590 0013 2913

HARRY D PORTER TRUST U/W FBO ANNA C
PO BOX 840738

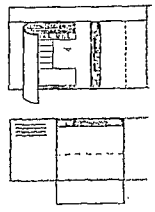
DALLAS, TX 75284-0738

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TOI ENVELOPE TO THE R OF THE RETURN ADI



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 2913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HARRY D PORTER TRUST U/W FBO ANNA C
PO BOX 840738

DALLAS, TX 75284-0738

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 2913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

ERRIC ROBINSON 9/14/10

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

1. Article Addressed to:

HARRY D PORTER TRUST U/W FBO ANNA C
PO BOX 840738

DALLAS, TX 75284-0738

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 3545

Postage	$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

Postmark Here

Sent To: HATHEWAY PARTNERS LLC OK LLC
Street, Apt. No.; or PO Box No.: 6260 S KNOXVILLE AVE
City, State, Zip+4: TULSA, OK 74136

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

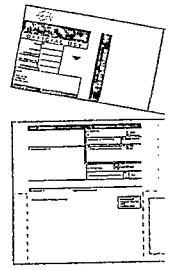
7110 6605 9590 0013 3545

HATHEWAY PARTNERS LLC OK LLC
6260 S KNOXVILLE AVE

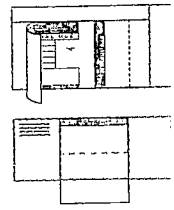
TULSA, OK 74136

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3545

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HATHEWAY PARTNERS LLC OK LLC
6260 S KNOXVILLE AVE

TULSA, OK 74136

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3545

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John L. Hatheway ☐ Agent ☐ 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

1. Article Addressed to:

HATHEWAY PARTNERS LLC OK LLC
6260 S KNOXVILLE AVE

TULSA, OK 74136

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 2709

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

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

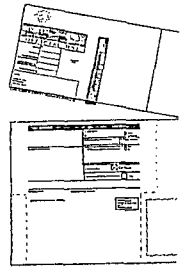
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2709

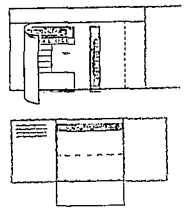
HEATHER M KALB
PO BOX 1588
TULSA, OK 74101-1588

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

1 SEPARATE AT PERFORATION



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



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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2709

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 2716

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

Sent To
Street, Apt. No.; or 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

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

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-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 2716

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

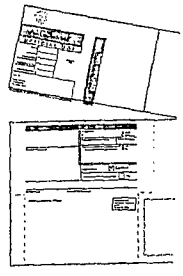
HENRY C HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

3. Service Type ☒ Certified

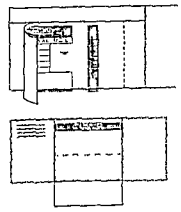
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2716

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HENRY C HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 2730

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

Sent To
Street, Apt. No.; or 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

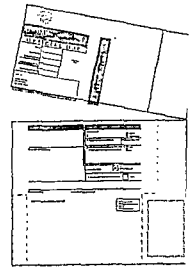
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2730

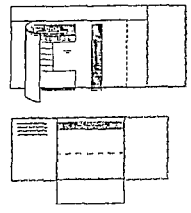
HENRY P ISHAM III
2510 ST PAUL ST
DENVER, CO 80210

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pura I. Isham ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided)

7110 6605 9590 0012 2747

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

Sent To
HENRY RICHARD BRACK
Street, Apt. No.; or PO Box No.
3602 JAGUAR PLACE
City, State, Zip+4
FORT COLLINS, CO 80525

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

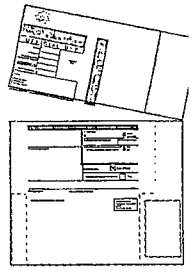
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2747

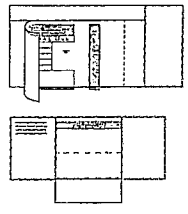
HENRY RICHARD BRACK
3602 JAGUAR PLACE
FORT COLLINS, CO 80525

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCR rev. 01/07

2 Article Number

7110 6605 9590 0012 2747

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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

1. Article Addressed to:

HENRY RICHARD BRACK
3602 JAGUAR PLACE
FORT COLLINS, CO 80525

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

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 3552

Postage	$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

Postmark Here

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

PS Form 3800, August 2006 — See Reverse for Instructions

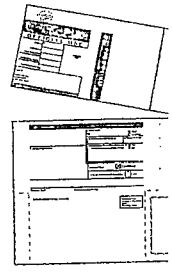
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3552

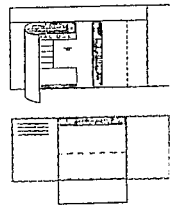
HERBERT J NEWCOMB JR
13743 E CALEY DR
CENTENNIAL, CO 80111-2434

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

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIGI
OF THE RETURN ADDRI



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3552

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HERBERT J NEWCOMB JR
13743 E CALEY DR

CENTENNIAL, CO 80111-2434

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3552

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HERBERT J NEWCOMB JR
13743 E CALEY DR

CENTENNIAL, CO 80111-2434

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

9/17/10

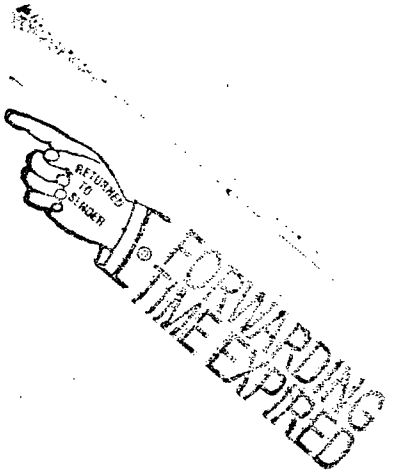
Batch #: 2272
Article #: 71106605959000133552
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 — Domestic Return Receipt

3 LIFT HERE

Phillips

0006557587 SEP 02 2010
MAILED FROM ZIPCODE 87402



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

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 2556

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

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

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

PS 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

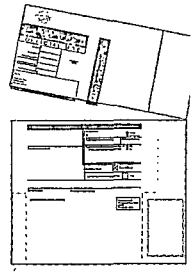
CERTIFIED MAIL™

7110 6605 9590 0012 2556

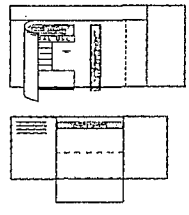
H K RIDDLE
P O BOX 13326
ALBUQUERQUE, NM 87192-3326

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD [illegible] rev. 01/07

2. Article Number (Transfer from service label)

7110 6605 9590 0012 2556

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 2778

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

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

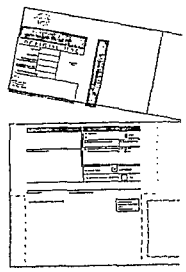
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 2778

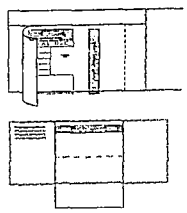
HOME BURTIS TR DTD JUNE 7 2004
2850 BASELINE AVE
SANTA YNEZ, CA 93460

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 2778

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2778

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

SEP 3 2010 USPS

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 2785

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

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

HOMER F JOHNSON
P O BOX 1727
CLINTON, OK 73601

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

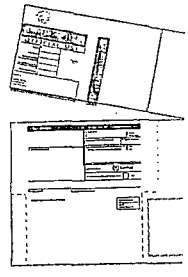
CERTIFIED MAIL™

7110 6605 9590 0012 2785

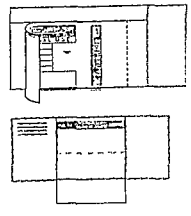
HOMER F JOHNSON
P O BOX 1727
CLINTON, OK 73601

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-5, rev. 01/07

2. Article Number

7110 6605 9590 0012 2785

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

HOMER F JOHNSON
P O BOX 1727
CLINTON, OK 73601

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2785

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maxine Johnson ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

HOMER F JOHNSON
P O BOX 1727
CLINTON, OK 73601

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 2808

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

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

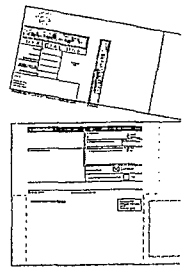
CERTIFIED MAIL™

7110 6605 9590 0012 2808

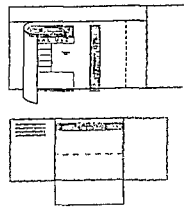
HOPE G SIMPSON
C/O SIMPSON ESTATES INC
30 N LASALLE STE 1232
CHICAGO, IL 60602-3344

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCR rev. 01/07

2. Article Number

7110 6605 9590 0012 2808

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Article Number

7110 6605 9590 0012 2808

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D Cox ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) D.COX | C. Date of Delivery 9/7/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 2815

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

Sent To: HOPE S KELLY LIVING TRUST
Street, Apt. No.; or PO Box No.: 839 SUMMIT RD
City, State, Zip+4: SANTA BARBARA, CA 93108

PS 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 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 #:

2. Article Number
7110 6605 9590 0012 2815

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

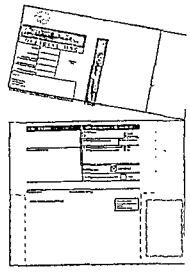
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

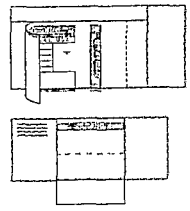
Code: Allocation Project - D.Howell

Reorder Form LCD[illegible]R rev. 01/07

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 2815

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

MAIL STATION SANTA BARBARA CA SEP 7 2010 93195

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 2822

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

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 — See Reverse for Instructions

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

7110 6605 9590 0012 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-3811R rev. 01/07

2. Article Number

7110 6605 9590 0012 2822

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

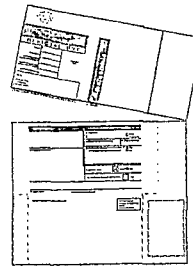
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

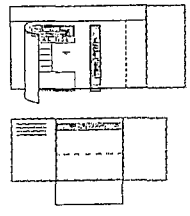
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2822

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

TREVOR BENKEN 8/3/2010

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 2761

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

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

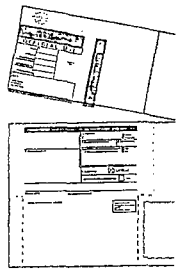
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2761

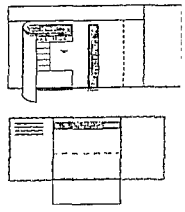
HOLLY BISHOP
6805 TRINITY LANDING DR N
FORT WORTH, TX 76132

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

1 SEPARATE AT PERFORATION



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



Reorder Form LC[illegible]R rev. 01/07

2. Article Number

7110 6605 9590 0012 2761

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2761

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Holly Bishop ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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 #:

3 LIFT HERE

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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

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

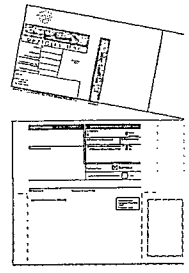
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2792

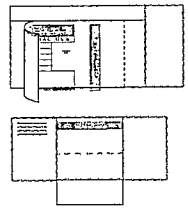
HONUA OLA MAU LLC
PO BOX 1831
HONOLULU, HI 96805-1831

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 811R rev. 01/07

2. Article Number

7110 6605 9590 0012 2792

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2792

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ron Oshi ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Ron Oshi C. Date of Delivery SEP 2 0 2010

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

1. Article Addressed to:

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

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 2839

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

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

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

Code: Allocation Project - D.Howell

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.

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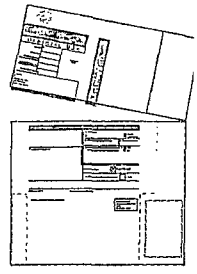
7110 6605 9590 0012 2839

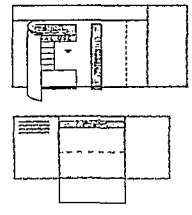
HOWARD B SIMPSON ET AL RESIDUARY
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

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

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 2839	A. Signature X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) / C. Date of Delivery
1. Article Addressed to: HOWARD B SIMPSON ET AL RESIDUARY ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
Code: Allocation Project - D Howell	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811 Domestic Return Receipt

Reorder Form LCP 3811R rev. 01/07

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 LIFT HERE

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7110 6605 9590 0012 2846

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

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

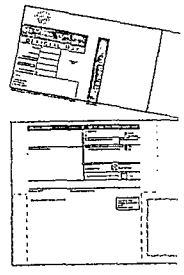
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 2846

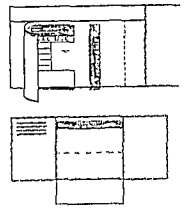
HOWELL GRANDCHILDRENS TRUST ESTATE
C/O CHASE MANHATTAN BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number
7110 6605 9590 0012 2846

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 2846

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

SEP 3 2010

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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
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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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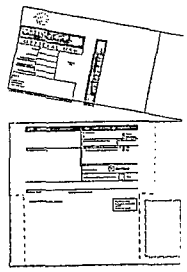
7110 6605 9590 0012 2853

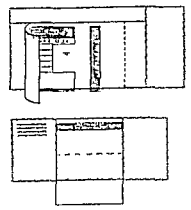
HUGH JAMES HALL JR
1623 DESERT WILLOW DRIVE
CARLSBAD, NM 88220

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

2. Article Number
7110 6605 9590 0012 2853

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 2853

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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
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

Sent To
Street, Apt. No.; or 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

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

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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 3811R rev. 01/07

2. Article Number

7110 6605 9590 0012 2860

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

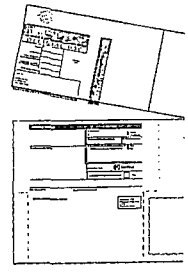
HUGH MCMILLAN
PO DRAWER 1612
EL PASO, TX 79948-1612

3. Service Type ☒ Certified

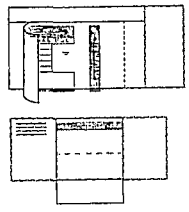
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2860

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Fernando Garcia ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

9/9/10

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 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

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 2877

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

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

Reorder Form LCD-21R rev. 01/07

2. Article Number

7110 6605 9590 0012 2877

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

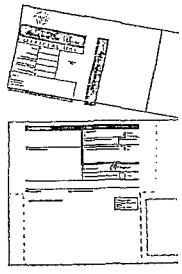
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

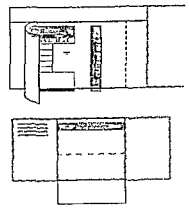
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2877

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Paula A. Stevens ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**