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 7110 6605 9590 0012 2945

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

Delivered To
 Street, Apt. No., PO Box No., City, State, Zip+4
J BRYAN STEPHENSON
PO BOX 840738
DALLAS, TX 75284-0738

Form 3811, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2945

J BRYAN STEPHENSON
 PO BOX 840738
 DALLAS, TX 75284-0738

Batch #: 2191
 Article #: 71106605959000122945
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-100 rev. 01/07

2. Article Number
 7110 6605 9590 0012 2945

1. Article Addressed to:
J BRYAN STEPHENSON
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

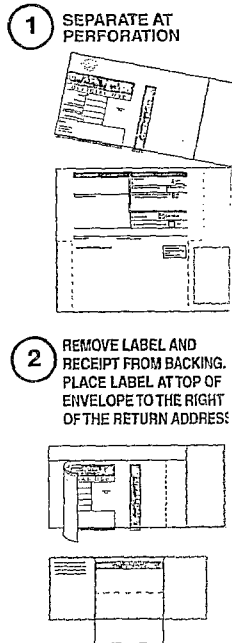
A. Signature
X Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 2945

1. Article Addressed to:
J BRYAN STEPHENSON
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Alfred Angles **SEP 05 2010**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000122945
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postmark Here

Postage to: **J BRYCE WYNNE LVG TRUST**
2100 COBBLESTONE CT APT 115
EDMOND, OK 73034-4227

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2952

J BRYCE WYNNE LVG TRUST
 2100 COBBLESTONE CT APT 115
 EDMOND, OK 73034-4227

Batch #: 2191
 Article #: 71106605959000122952
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 2952

1. Article Addressed to:

J BRYCE WYNNE LVG TRUST
 2100 COBBLESTONE CT APT 115
 EDMOND, OK 73034-4227

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

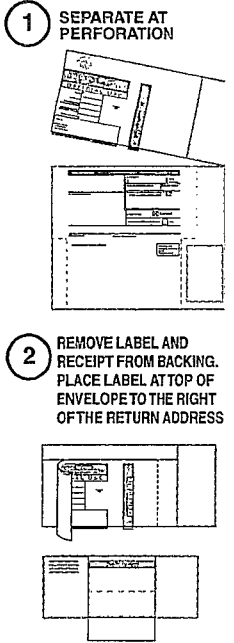
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2191
 Article #: 71106605959000122952
 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 2969

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

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

**J FIDEL CANDELARIA & CORDELIA
 OJO DE LA CUEVA
 BLANCO, NM 87412**

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



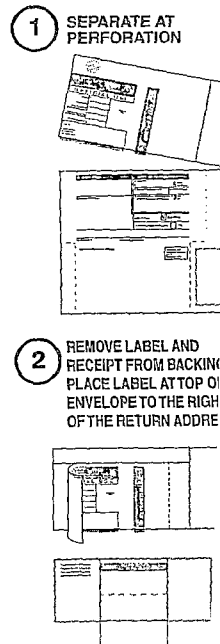
7110 6605 9590 0012 2969

**J FIDEL CANDELARIA & CORDELIA
 OJO DE LA CUEVA
 BLANCO, NM 87412**

Batch #: 2191
 Article #: 71106605959000122969
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

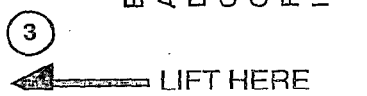
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2969	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
J FIDEL CANDELARIA & CORDELIA OJO DE LA CUEVA BLANCO, NM 87412	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2969	A. Signature <input type="checkbox"/> Agent X <i>J Fidel Candelaria</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
J FIDEL CANDELARIA & CORDELIA OJO DE LA CUEVA BLANCO, NM 87412	<i>Fidel Candelaria</i>	9.8.10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2191
 Article #: 71106605959000122969
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 2976

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

Postmark Here

Post To
J GLENN TURNER JR
 4809 COLE AVE, STE 212
 DALLAS, TX 75205

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2976

J GLENN TURNER JR
 4809 COLE AVE, STE 212
 DALLAS, TX 75205

Batch #: 2191
 Article #: 71106605959000122976
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 2976

1. Article Addressed to:

J GLENN TURNER JR
 4809 COLE AVE, STE 212
 DALLAS, TX 75205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

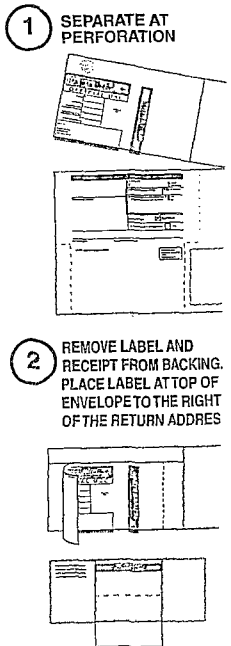
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2976

1. Article Addressed to:

J GLENN TURNER JR
 4809 COLE AVE, STE 212
 DALLAS, TX 75205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Laura Grimmer* Agent
 Addressee

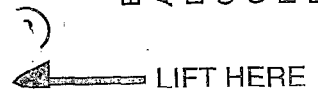
B. Received by (Printed Name) C. Date of Delivery
Laura Grimmer 9/3/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000122976
 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 2983

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

Post to: **J GREGORY MERRION & RITA V MERRION**
 610 REILLY AVE
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



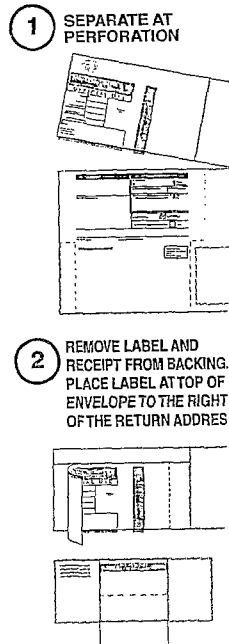
7110 6605 9590 0012 2983

J GREGORY MERRION & RITA V MERRION
 610 REILLY AVE
 FARMINGTON, NM 87401

Batch #: 2191
 Article #: 71106605959000122983
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

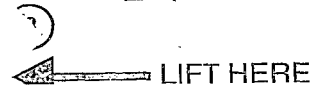
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2983	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
J GREGORY MERRION & RITA V MERRION 610 REILLY AVE FARMINGTON, NM 87401		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 2983	A. Signature <input type="checkbox"/> Agent X <i>P. Garcia</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
J GREGORY MERRION & RITA V MERRION 610 REILLY AVE FARMINGTON, NM 87401	<i>P. Garcia</i>	<i>9/2</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000122983
 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 2990

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

Postmark Here

Code: Allocation Project - D.Howell

Post To
J ROBERT JONES CHARITABLE TRUST
 5129 SUNMORE CIR STE 101
 MIDLAND, TX 79707-5126

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 2990

J ROBERT JONES CHARITABLE TRUST
 5129 SUNMORE CIR STE 101
 MIDLAND, TX 79707-5126

Batch #: 2191
 Article #: 71106605959000122990
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-944R rev. 01/07

2. Article Number

7110 6605 9590 0012 2990

1. Article Addressed to:

J ROBERT JONES CHARITABLE TRUST
 5129 SUNMORE CIR STE 101
 MIDLAND, TX 79707-5126

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

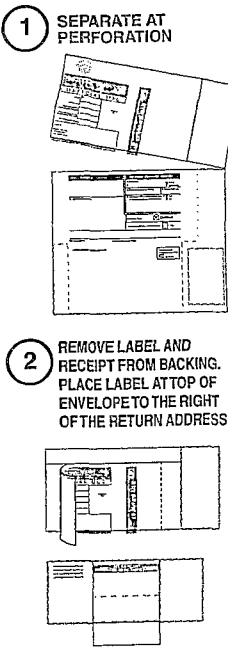
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 2990

1. Article Addressed to:

J ROBERT JONES CHARITABLE TRUST
 5129 SUNMORE CIR STE 101
 MIDLAND, TX 79707-5126

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *MaryAnn Deubinski*

B. Received by (Printed Name) C. Date of Delivery
MaryAnn Deubinski 9/5/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000122990
 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 3010

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

Post To
J. CHRIS CANDELARIA
 PO BOX 348
 BLANCO, NM 87412

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

Form 3800, August 2006 - See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3010

J. CHRIS CANDELARIA
 PO BOX 348
 BLANCO, NM 87412

Batch #: 2191
 Article #: 71106605959000123010
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number

7110 6605 9590 0012 3010

1. Article Addressed to:

J. CHRIS CANDELARIA
 PO BOX 348
 BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

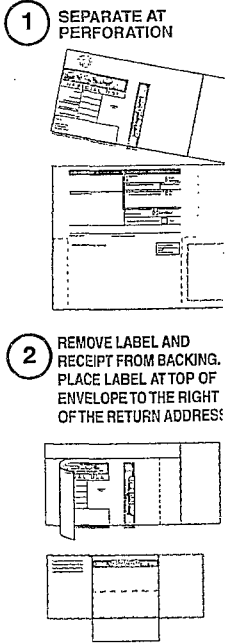
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3010

1. Article Addressed to:

J. CHRIS CANDELARIA
 PO BOX 348
 BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

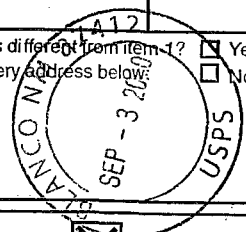
A. Signature Agent Addressee
X *J. Candalaria*

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

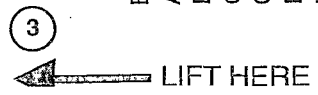
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2191
 Article #: 71106605959000123010
 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 3003

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

Postage To: **J&M RAYMOND LTD
 RAYMOND AND SONS I, LLC
 PO BOX 291445
 KERRVILLE, TX 78029-1445**

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

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3003

J&M RAYMOND LTD
 RAYMOND AND SONS I, LLC
 PO BOX 291445
 KERRVILLE, TX 78029-1445

Batch #: 2191
 Article #: 71106605959000123003
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-5000 rev. 01/07

2. Article Number

7110 6605 9590 0012 3003

1. Article Addressed to:

**J&M RAYMOND LTD
 RAYMOND AND SONS I, LLC
 PO BOX 291445
 KERRVILLE, TX 78029-1445**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

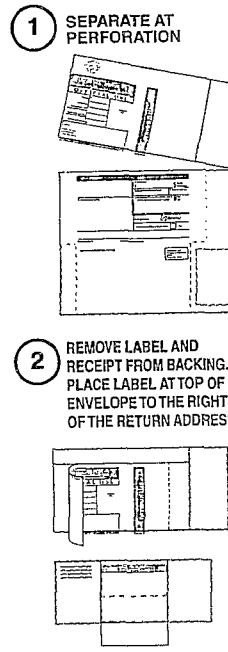
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3003

1. Article Addressed to:

**J&M RAYMOND LTD
 RAYMOND AND SONS I, LLC
 PO BOX 291445
 KERRVILLE, TX 78029-1445**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Nicole Govardsen 09/08/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123003
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
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 Internal Code #:





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7110 6605 9590 0012 3027

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

Delivered To: **JABCO LLP**
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

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

Form 3800, August 2006, PSN 7520-01-000-9000. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3027

JABCO LLP
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2191
 Article #: 71106605959000123027
 Date/Time: 8/31/2010 12:09:20 PM
 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 3027

1. Article Addressed to:

JABCO LLP
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

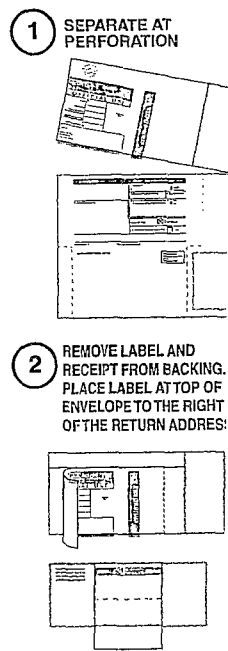
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3027

1. Article Addressed to:

JABCO LLP
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
 SEP 04 2010

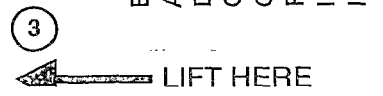
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2191
 Article #: 71106605959000123027
 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 3034

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

Postmark Here

Post to
JACK B WILKINSON JR
P O BOX 305
MIDLAND, TX 79702

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3034

JACK B WILKINSON JR
P O BOX 305
MIDLAND, TX 79702

Batch #: 2191
 Article #: 71106605959000123034
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-844R rev. 01/07

2. Article Number

7110 6605 9590 0012 3034

1. Article Addressed to:

JACK B WILKINSON JR
P O BOX 305
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

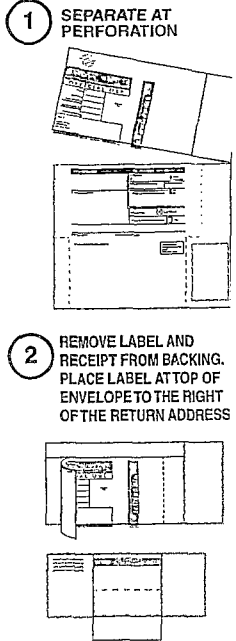
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 3034

1. Article Addressed to:

JACK B WILKINSON JR
P O BOX 305
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 JACK WILKINSON JR 8-7-10

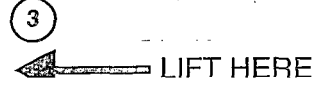
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2191
 Article #: 71106605959000123034
 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 3041

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

Postage Paid To
JACQUEZ WIESER TRUST
 1446 DETROIT, APT 4
 DENVER, CO 80206

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 3041

JACQUEZ WIESER TRUST
 1446 DETROIT, APT 4
 DENVER, CO 80206

Batch #: 2191
 Article #: 71106605959000123041
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, rev. 01/07

2. Article Number

7110 6605 9590 0012 3041

1. Article Addressed to:

JACQUEZ WIESER TRUST
 1446 DETROIT, APT 4
 DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

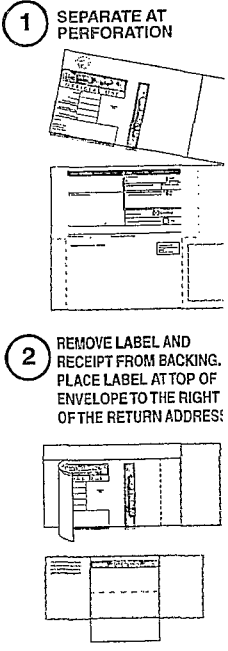
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3041

1. Article Addressed to:

JACQUEZ WIESER TRUST
 1446 DETROIT, APT 4
 DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123041
 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 3058

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

Postmark To: **JAKIE L MOSS**
PO BOX 343
FLORA VISTA, NM 87415

Form 3800, August 2006. See Reverse for Instructions

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

Code: Allocation Project - D.Howell

7110 6605 9590 0012 3058

JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

Batch #: 2191
 Article #: 71106605959000123058
 Date/Time: 8/31/2010 12:09:20 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 3058

1. Article Addressed to:

JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

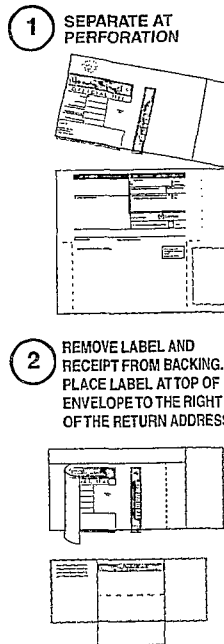
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3058

1. Article Addressed to:

JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Mary Ann Moss*

B. Received by (Printed Name) C. Date of Delivery
MARY ANN MOSS 9-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2191
 Article #: 71106605959000123058
 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 3065

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

Post To
JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

PS Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 3065

JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

Batch #: 2191
 Article #: 71106605959000123065
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, Rev. 01/07

2. Article Number

7110 6605 9590 0012 3065

1. Article Addressed to:

JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

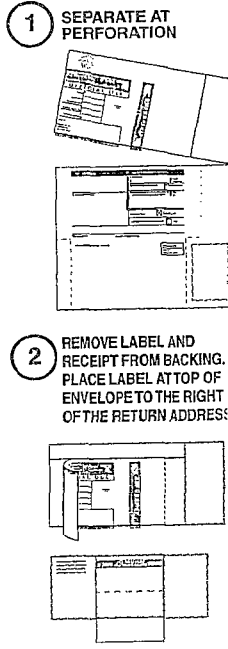
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3065

1. Article Addressed to:

JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

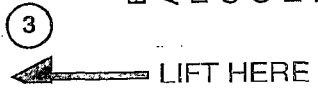
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123065
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postmark Here

Post to
JAMES BEATTY NOLAND
2700 VISTA GRANDE NW #6
ALBUQUERQUE, NM 87120

Form 3800, August 2006 See Reverse for Instructions

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

Code: Allocation Project - D.Howell

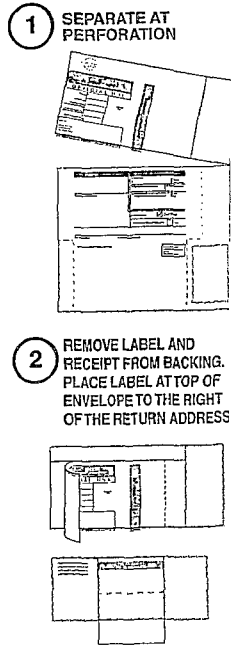
7110 6605 9590 0012 3072

JAMES BEATTY NOLAND
2700 VISTA GRANDE NW #6
ALBUQUERQUE, NM 87120

Batch #: 2191
 Article #: 71106605959000123072
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

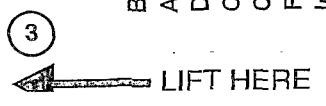
Reorder Form LCD 3800-R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3072	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES BEATTY NOLAND 2700 VISTA GRANDE NW #6 ALBUQUERQUE, NM 87120		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3072	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES BEATTY NOLAND 2700 VISTA GRANDE NW #6 ALBUQUERQUE, NM 87120	CLINEVIAZ 9/14/10	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123072
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3140

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

Delivered to
JAMES H ESSMAN
 PO BOX 302
 MIDLAND, TX 79702

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

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3140

JAMES H ESSMAN
 PO BOX 302
 MIDLAND, TX 79702

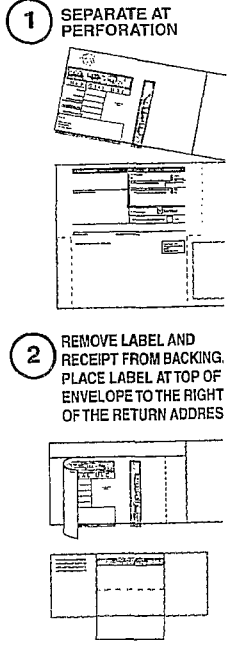
Batch #: 2191
 Article #: 71106605959000123140
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3140	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES H ESSMAN PO BOX 302 MIDLAND, TX 79702		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

PS Form 3811

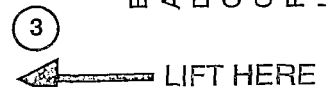


2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3140	A. Signature <input type="checkbox"/> Agent JAMES H ESSMAN <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES H ESSMAN PO BOX 302 MIDLAND, TX 79702	JAMES H ESSMAN	9-16-10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt



Batch #: 2191
 Article #: 71106605959000123140
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

UNCLAIMED

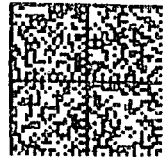
ConocoPhillips

7110 6605 9590 0012 3089

9-20

UNCLAIMED

UNCLAIMED
RUFFIN
806 FARMINGTON CT
CARLSBAD, NM 88220-9203



UNITED STATES
02 1R
0006557
MAILED FI

*and 9-17
RT 9-17*

9/18/10



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7110 6605 9590 0012 3089

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

Send To
 Attention: James Duffin
 806 TANOAN CT
 CARLSBAD, NM 88220-9203

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

7110 6605 9590 0012 3089

JAMES DUFFIN
 806 TANOAN CT
 CARLSBAD, NM 88220-9203

Batch #: 2191
 Article #: 71106605959000123089
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 411R rev. 01/07

2. Article Number

7110 6605 9590 0012 3089

1. Article Addressed to:

JAMES DUFFIN
 806 TANOAN CT
 CARLSBAD, NM 88220-9203

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

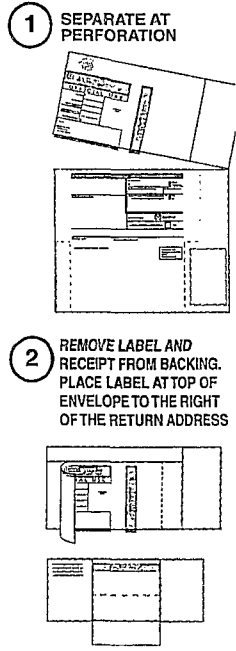
UNITED STATES POSTAL SERVICE



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 USPS
 Permit No. G-10

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

Batch #: 2191
 Article #: 71106605959000123089
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



3
 LIFT HERE



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7110 6605 9590 0012 3119

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

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

JAMES FITZGERALD III TRUST A
PO BOX 3425
MIDLAND, TX 79702-3425

Form 3800, August 2009 See Reverse for Instructions

Code: Allocation Project - D.Howell



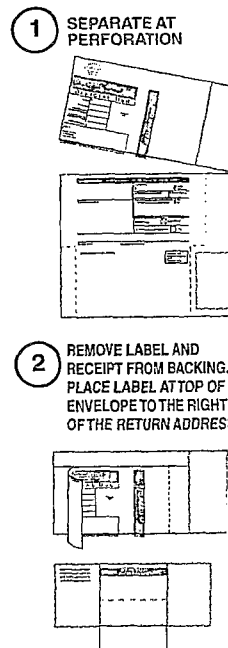
7110 6605 9590 0012 3119

JAMES FITZGERALD III TRUST A
PO BOX 3425
MIDLAND, TX 79702-3425

Batch #: 2191
 Article #: 71106605959000123119
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

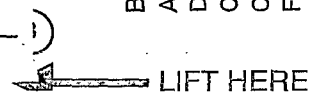
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3119	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES FITZGERALD III TRUST A PO BOX 3425 MIDLAND, TX 79702-3425	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



PS

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3119	A. Signature X <i>Cecily Fitzerald</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Cecily Fitzerald</i>	C. Date of Delivery 8-8-10
JAMES FITZGERALD III TRUST A PO BOX 3425 MIDLAND, TX 79702-3425	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2191
 Article #: 71106605959000123119
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3126

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

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

JAMES G HOHENSTEIN
7773 ARLINGTON DRIVE
BOULDER, CO 80303-3207

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



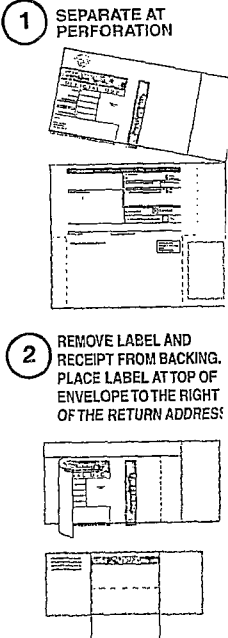
7110 6605 9590 0012 3126

JAMES G HOHENSTEIN
7773 ARLINGTON DRIVE
BOULDER, CO 80303-3207

Batch #: 2191
 Article #: 71106605959000123126
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

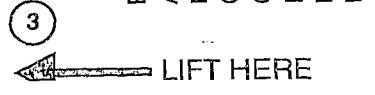
Reorder Form LCD-8000 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3126	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES G HOHENSTEIN 7773 ARLINGTON DRIVE BOULDER, CO 80303-3207	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3126	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES G HOHENSTEIN 7773 ARLINGTON DRIVE BOULDER, CO 80303-3207	James G. Hohenstein	9/9/10
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123126
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3102

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

Delivered to
 James E Jacks
 26784 Downs Dr
 Gravois Mills, MO 65037

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3102

JAMES E JACKS
 26784 DOWNS DR
 GRAVOIS MILLS, MO 65037

Batch #: 2191
 Article #: 71106605959000123102
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number
 7110 6605 9590 0012 3102

1. Article Addressed to:
 JAMES E JACKS
 26784 DOWNS DR
 GRAVOIS MILLS, MO 65037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

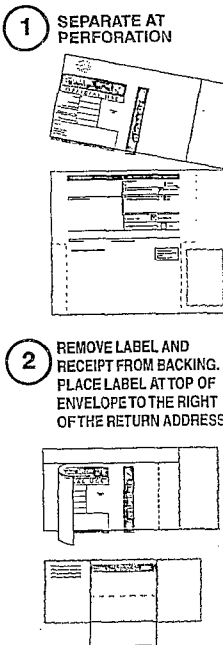
B. Received by (Printed Name) C. Date of Delivery

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 3102

1. Article Addressed to:
 JAMES E JACKS
 26784 DOWNS DR
 GRAVOIS MILLS, MO 65037

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 James E Jacks 8-4-10

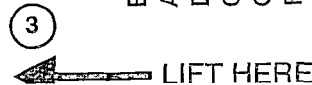
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2191
 Article #: 71106605959000123102
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3133

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

Post To
JAMES H ATWILL
PO BOX 1810
PORT ARANSAS, TX 78373-1810

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 3133

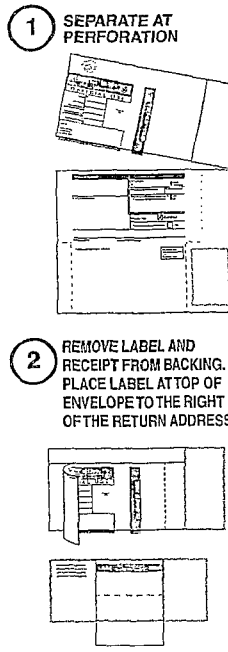
JAMES H ATWILL
PO BOX 1810
PORT ARANSAS, TX 78373-1810

Code: Allocation Project - D.Howell

Batch #: 2191
 Article #: 71106605959000123133
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

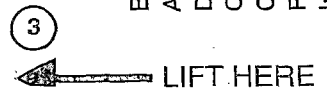
Reorder Form LCD 3800 Rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3133	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES H ATWILL PO BOX 1810 PORT ARANSAS, TX 78373-1810	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3133	A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) JAMES H Atwill	C. Date of Delivery 9/8/10
JAMES H ATWILL PO BOX 1810 PORT ARANSAS, TX 78373-1810	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123133
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3157

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

Postmark To
JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3157

JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

Batch #: 2191
Article #: 71106605959000123157
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 rev. 01/07

2. Article Number

7110 6605 9590 0012 3157

1. Article Addressed to:

JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

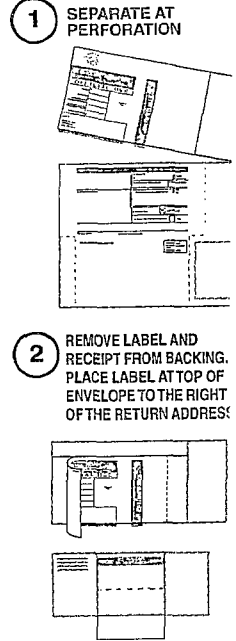
A. Signature Agent
 Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3157

1. Article Addressed to:

JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X Bonita Hammontree

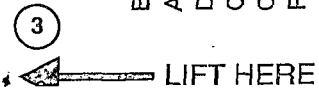
B. Received by (Printed Name) C. Date of Delivery
Bonita Hammontree 9/9/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
Article #: 71106605959000123157
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 3164

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

Return To: **JAMES J HILL III REVOCABLE TRUST**
C/O BANK OF OKLAHOMA AGENT
PO BOX 1588
TULSA, OK 74101-1588

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

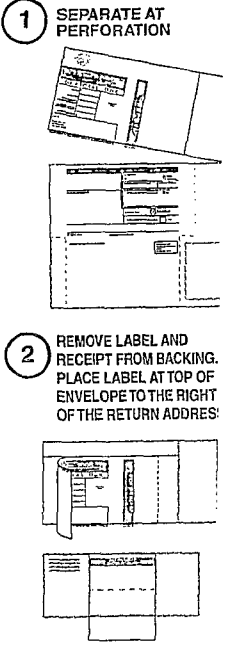
7110 6605 9590 0012 3164

JAMES J HILL III REVOCABLE TRUST
C/O BANK OF OKLAHOMA AGENT
PO BOX 1588
TULSA, OK 74101-1588

Batch #: 2191
 Article #: 71106605959000123164
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 950 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3164	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES J HILL III REVOCABLE TRUST C/O BANK OF OKLAHOMA AGENT PO BOX 1588 TULSA, OK 74101-1588	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3164	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES J HILL III REVOCABLE TRUST C/O BANK OF OKLAHOMA AGENT PO BOX 1588 TULSA, OK 74101-1588	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123164
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3 **LIFT HERE**



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7110 6605 9590 0012 3171

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

Postmark Here

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

JAMES J RUBOW & NICKOLA A RUBOW JOI
 105 SOL Y LOMAS
 SANTA FE, NM 87505

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

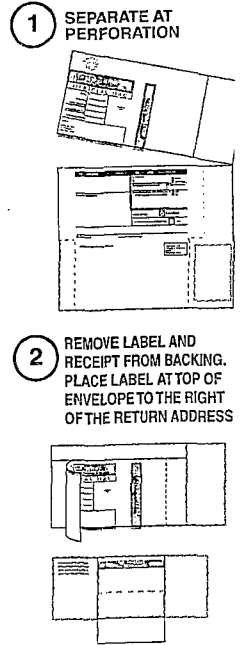
7110 6605 9590 0012 3171

JAMES J RUBOW & NICKOLA A RUBOW JOI
 105 SOL Y LOMAS
 SANTA FE, NM 87505

Batch #: 2191
 Article #: 71106605959000123171
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

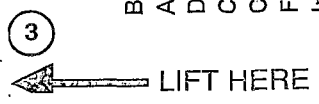
Reorder Form LCD 3811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3171	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES J RUBOW & NICKOLA A RUBOW JOI 105 SOL Y LOMAS SANTA FE, NM 87505	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3171	A. Signature X <i>Nickola A Rubow</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES J RUBOW & NICKOLA A RUBOW JOI 105 SOL Y LOMAS SANTA FE, NM 87505	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123171
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3188

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

Delivered To
 Recipient, Apt. No., PO Box No., City, State, Zip+4
**JAMES KESSLER
 1177 PUTNAM BLVD
 WALLINGFORD, PA 19086**

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 3188

**JAMES KESSLER
 1177 PUTNAM BLVD
 WALLINGFORD, PA 19086**

Batch #: 2191
 Article #: 71106605959000123188
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number

7110 6605 9590 0012 3188

1. Article Addressed to:

**JAMES KESSLER
 1177 PUTNAM BLVD
 WALLINGFORD, PA 19086**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

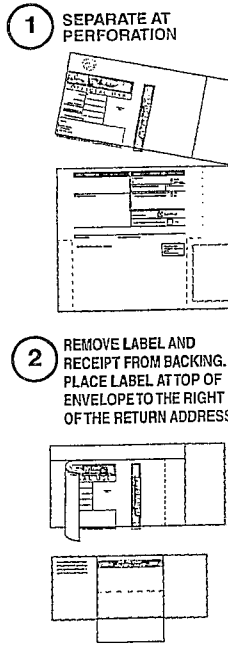
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 3188

1. Article Addressed to:

**JAMES KESSLER
 1177 PUTNAM BLVD
 WALLINGFORD, PA 19086**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
James Kessler Addressee

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

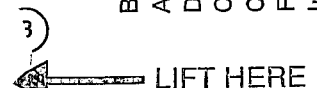
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2191
 Article #: 71106605959000123188
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3195

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

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

JAMES L FASHING
2431 MEMPHIS ST
EL PASO, TX 79930

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 3195

JAMES L FASHING
2431 MEMPHIS ST
EL PASO, TX 79930

Batch #: 2191
 Article #: 71106605959000123195
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LOP-111R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3195	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES L FASHING 2431 MEMPHIS ST EL PASO, TX 79930	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

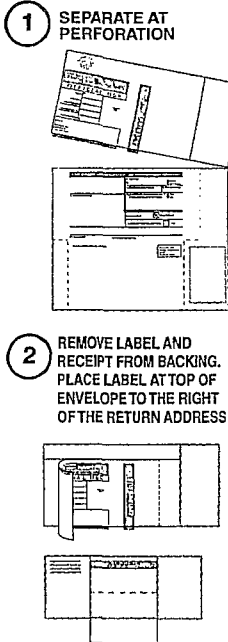
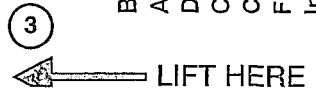
UNITED STATES POSTAL SERVICE



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 USPS
 Permit No. G-10

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

Batch #: 2191
 Article #: 71106605959000123195
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3569

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

ent To **JAMES LOUIS HILL**
1608 CR 805

reet, Apt. No.;
 r PO Box No.
 ity, State, Zip+4 **CLEBURNE, TX 76031**

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3569

JAMES LOUIS HILL
1608 CR 805
CLEBURNE, TX 76031

Batch #: 2272
 Article #: 71106605959000133569
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

2. Article Number

7110 6605 9590 0013 3569

1. Article Addressed to:

JAMES LOUIS HILL
1608 CR 805
CLEBURNE, TX 76031

COMPLETE THIS SECTION ON DELIVERY

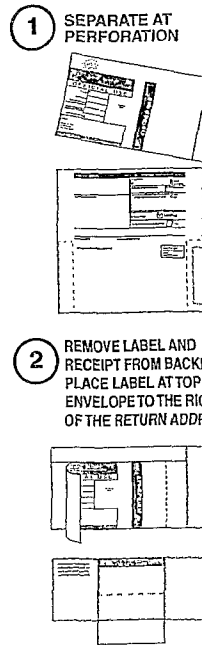
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3569

1. Article Addressed to:

JAMES LOUIS HILL
1608 CR 805
CLEBURNE, TX 76031

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
James L Hill Addressee

B. Received by (Printed Name) Date of Delivery
JAMES L HILL **SEP 14 2010**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133569
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

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

JAMES MICHAEL NOLAND
14575 BONAIRE BLVD, APT 405
DELRAY BEACH, FL 33446

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3201

JAMES MICHAEL NOLAND
 14575 BONAIRE BLVD, APT 405
 DELRAY BEACH, FL 33446

Batch #: 2191
 Article #: 71106605959000123201
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3201

1. Article Addressed to:

JAMES MICHAEL NOLAND
 14575 BONAIRE BLVD, APT 405
 DELRAY BEACH, FL 33446

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

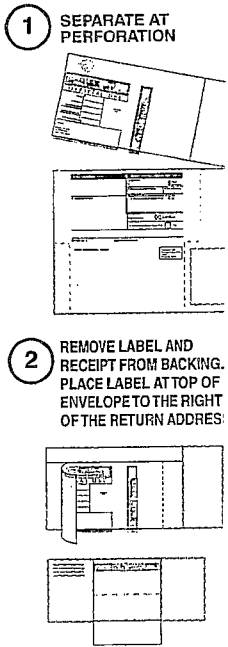
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3201

1. Article Addressed to:

JAMES MICHAEL NOLAND
 14575 BONAIRE BLVD, APT 405
 DELRAY BEACH, FL 33446

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123201
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3218	
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

Delivered To
JAMES P M ROACH
5826 LONG PARK RD
CUMMING, GA 30040

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 3218

JAMES P M ROACH
5826 LONG PARK RD
CUMMING, GA 30040

Batch #: 2191
 Article #: 71106605959000123218
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-954R rev. 01/07

2. Article Number
 7110 6605 9590 0012 3218

1. Article Addressed to:
JAMES P M ROACH
5826 LONG PARK RD
CUMMING, GA 30040

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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

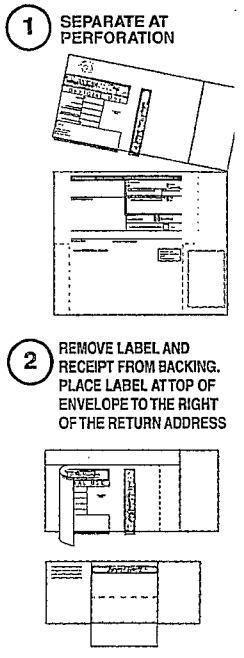


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

Batch #: 2191
 Article #: 71106605959000123218
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE





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7110 6605 9590 0012 3225	
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

Code: Allocation Project - D.Howell

Postage To: **JAMES R LEETON JR**
SAN JUAN ROYALTY JV-90 ACCOUNT
PO BOX 10561
MIDLAND, TX 79702

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

Form 3800, August 2006. See Reverse for Instructions

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

CERTIFIED MAIL™

7110 6605 9590 0012 3225

JAMES R LEETON JR
SAN JUAN ROYALTY JV-90 ACCOUNT
PO BOX 10561
MIDLAND, TX 79702

Batch #: 2191
 Article #: 71106605959000123225
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-3800-R rev. 01/07

2. Article Number

7110 6605 9590 0012 3225

1. Article Addressed to:

JAMES R LEETON JR
SAN JUAN ROYALTY JV-90 ACCOUNT
PO BOX 10561
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3225

1. Article Addressed to:

JAMES R LEETON JR
SAN JUAN ROYALTY JV-90 ACCOUNT
PO BOX 10561
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

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

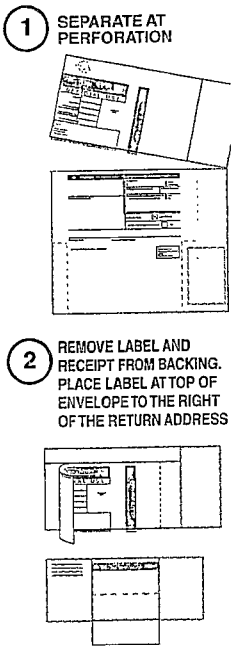
[Signature] 9-8-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



Batch #: 2191
 Article #: 71106605959000123225
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3 **LIFT HERE**



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 7110 6605 9590 0012 3232

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

Delivered To
JAMES R PAYNE & JEAN PAYNE
614 PASEO DEL BOSQUE N W
ALBUQUERQUE, NM 87114-2277

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 3232

JAMES R PAYNE & JEAN PAYNE
614 PASEO DEL BOSQUE N W
ALBUQUERQUE, NM 87114-2277

Batch #: 2191
 Article #: 71106605959000123232
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-800 rev. 01/07

2. Article Number

7110 6605 9590 0012 3232

1. Article Addressed to:

JAMES R PAYNE & JEAN PAYNE
614 PASEO DEL BOSQUE N W
ALBUQUERQUE, NM 87114-2277

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

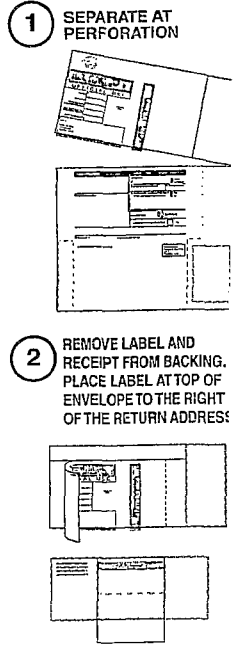
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3232

1. Article Addressed to:

JAMES R PAYNE & JEAN PAYNE
614 PASEO DEL BOSQUE N W
ALBUQUERQUE, NM 87114-2277

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Jean Payne

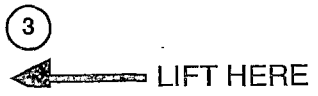
B. Received by (Printed Name) C. Date of Delivery
JEAN PAYNE 8-2-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123232
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 3249

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

Delivered To: **JAMES ROBERT BEAMON**
 2603 AUGUSTA STE 1050
 HOUSTON, TX 77057

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0012 3249

JAMES ROBERT BEAMON
 2603 AUGUSTA STE 1050
 HOUSTON, TX 77057

Batch #: 2191
 Article #: 71106605959000123249
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

2. Article Number

7110 6605 9590 0012 3249

1. Article Addressed to:

JAMES ROBERT BEAMON
 2603 AUGUSTA STE 1050
 HOUSTON, TX 77057

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

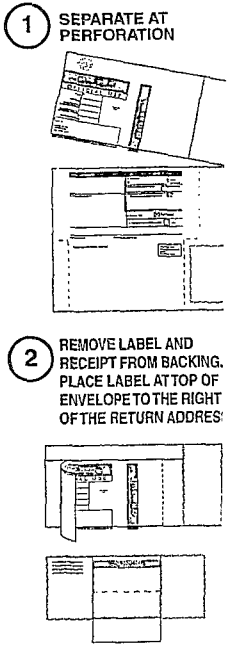
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3249

1. Article Addressed to:

JAMES ROBERT BEAMON
 2603 AUGUSTA STE 1050
 HOUSTON, TX 77057

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123249
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postmark Here

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3256

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

Batch #: 2191
 Article #: 71106605959000123256
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number
 7110 6605 9590 0012 3256

1. Article Addressed to:
JAMES SIMPSON III ET AL RESIDUARY
ATTN PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

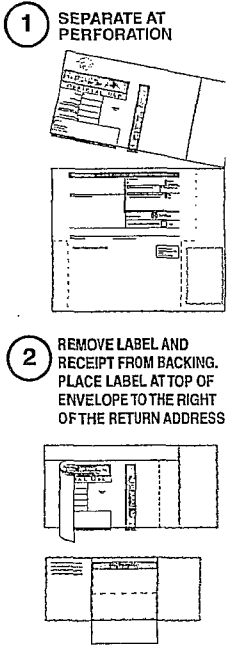
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD 3811 rev. 01/07

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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 USPS
 Permit No. G-10

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

Batch #: 2191
 Article #: 71106605959000123256
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 3263

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

Delivered To
JAMES W CHILDRESS
PO BOX 3209
ROSWELL, NM 88202-3209

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

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3263

JAMES W CHILDRESS
PO BOX 3209
ROSWELL, NM 88202-3209

Batch #: 2191
 Article #: 71106605959000123263
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 R rev. 01/07

2. Article Number

7110 6605 9590 0012 3263

1. Article Addressed to:

JAMES W CHILDRESS
PO BOX 3209
ROSWELL, NM 88202-3209

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

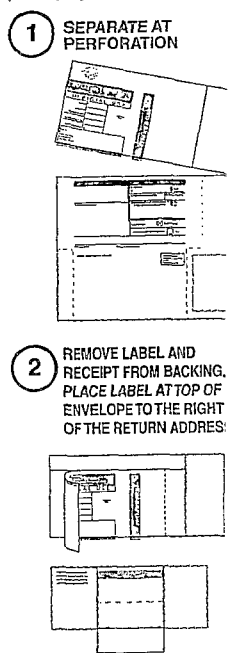
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3263

1. Article Addressed to:

JAMES W CHILDRESS
PO BOX 3209
ROSWELL, NM 88202-3209

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X James W Childress

B. Received by (Printed Name) C. Date of Delivery
JAMES W CHILDRESS 9-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123263
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postmark Here

Delivered To
JAMES WENDELL WEST
PO BOX 492382
LOS ANGELES, CA 90049-8382

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

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3270

JAMES WENDELL WEST
PO BOX 492382
LOS ANGELES, CA 90049-8382

Batch #: 2191
 Article #: 71106605959000123270
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-834R rev. 01/07

2. Article Number

7110 6605 9590 0012 3270

1. Article Addressed to:

JAMES WENDELL WEST
PO BOX 492382
LOS ANGELES, CA 90049-8382

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

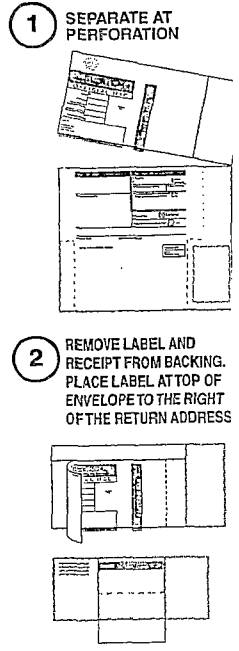
A. Signature
X Agent
 Addressee

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3270

1. Article Addressed to:

JAMES WENDELL WEST
PO BOX 492382
LOS ANGELES, CA 90049-8382

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *J.W. West* Agent
 Addressee

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

3 **LIFT HERE**

Batch #: 2191
 Article #: 71106605959000123270
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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

Postmark Here

Postage to
JANA RAE STEELE
4339 FIRST COURT
LANTANA, FL 33462

PS Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

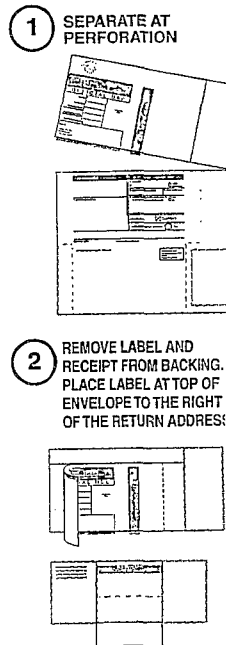
7110 6605 9590 0012 3287

JANA RAE STEELE
 4339 FIRST COURT
 LANTANA, FL 33462

Batch #: 2191
 Article #: 71106605959000123287
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3287	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANA RAE STEELE 4339 FIRST COURT LANTANA, FL 33462	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3287	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANA RAE STEELE 4339 FIRST COURT LANTANA, FL 33462	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2191
 Article #: 71106605959000123287
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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 7110 6605 9590 0012 3294

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

Post To: **JANE ANN BOND WHEELER**
2609 LOCKHEED DR
MIDLAND, TX 79701-3957

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



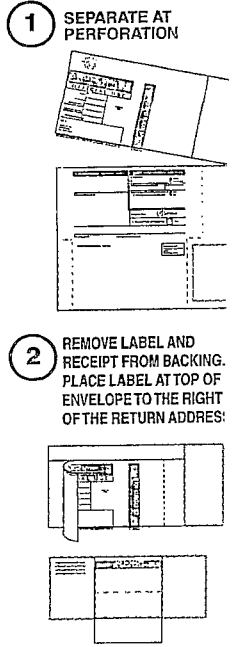
7110 6605 9590 0012 3294

JANE ANN BOND WHEELER
2609 LOCKHEED DR
MIDLAND, TX 79701-3957

Batch #: 2191
 Article #: 71106605959000123294
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3294	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANE ANN BOND WHEELER 2609 LOCKHEED DR MIDLAND, TX 79701-3957	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3294	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANE ANN BOND WHEELER 2609 LOCKHEED DR MIDLAND, TX 79701-3957	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2191
 Article #: 71106605959000123294
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 For more information visit our website at www.usps.com
 7110 6605 9590 0012 3317

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

Send To
 JANE CLAIRE ROBERSON
 2855 ARIZONA
 LOS ALAMOS, NM 87544

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3317

JANE CLAIRE ROBERSON
 2855 ARIZONA
 LOS ALAMOS, NM 87544

Batch #: 2191
 Article #: 71106605959000123317
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number
 7110 6605 9590 0012 3317

1. Article Addressed to:
 JANE CLAIRE ROBERSON
 2855 ARIZONA
 LOS ALAMOS, NM 87544

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

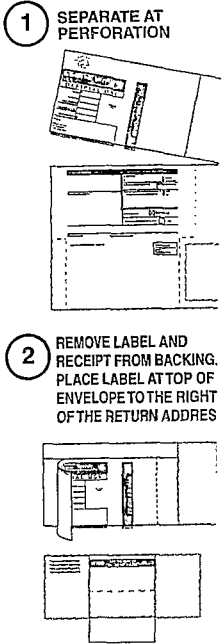
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 3317

1. Article Addressed to:
 JANE CLAIRE ROBERSON
 2855 ARIZONA
 LOS ALAMOS, NM 87544

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Jane C. Roberson 9-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123317
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



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 7110 6605 9590 0012 3300

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

Send To
JANE C. GORDEN
11330 GREEN BAY DRIVE
HOUSTON, TX 77024

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



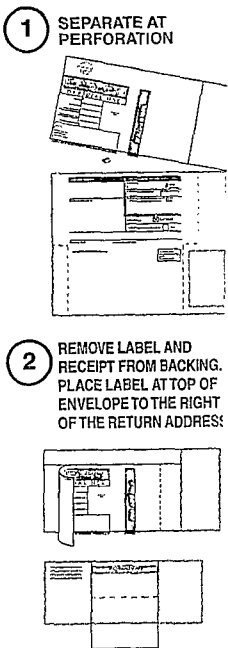
7110 6605 9590 0012 3300

JANE C. GORDEN
 11330 GREEN BAY DRIVE
 HOUSTON, TX 77024

Batch #: 2191
 Article #: 71106605959000123300
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3300	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANE C. GORDEN 11330 GREEN BAY DRIVE HOUSTON, TX 77024	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3300	A. Signature <input type="checkbox"/> Agent X <i>Jane C Gorden</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANE C. GORDEN 11330 GREEN BAY DRIVE HOUSTON, TX 77024	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2191
 Article #: 71106605959000123300
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3324

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

Postage To: **JANE PHILLIPS LADOUCEUR**
530 N MAIN ST, APT 311
BUTLER, PA 16001

Postage From: **JANE PHILLIPS LADOUCEUR**
530 N MAIN ST, APT 311
BUTLER, PA 16001

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3324

JANE PHILLIPS LADOUCEUR
 530 N MAIN ST, APT 311
 BUTLER, PA 16001

Batch #: 2191
 Article #: 71106605959000123324
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 3324

1. Article Addressed to:

JANE PHILLIPS LADOUCEUR
530 N MAIN ST, APT 311
BUTLER, PA 16001

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

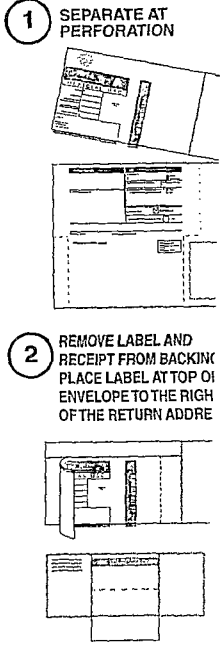
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3324

1. Article Addressed to:

JANE PHILLIPS LADOUCEUR
530 N MAIN ST, APT 311
BUTLER, PA 16001

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

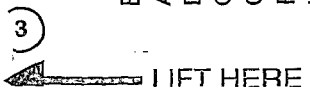
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123324
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 3331

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

Delivered To
 JANET B SELBE
 1831 RIVERSIDE COURT
 STEAMBOAT SPRINGS, CO 80487

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

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



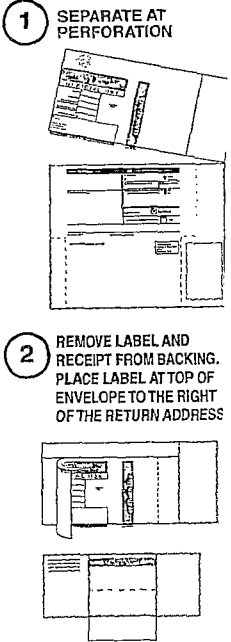
7110 6605 9590 0012 3331

JANET B SELBE
 1831 RIVERSIDE COURT
 STEAMBOAT SPRINGS, CO 80487

Batch #: 2191
 Article #: 71106605959000123331
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8-HR rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3331	A. Signature X	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANET B SELBE 1831 RIVERSIDE COURT STEAMBOAT SPRINGS, CO 80487	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3331	A. Signature <i>Janet B Selbe</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Janet B Selbe</i>	C. Date of Delivery <i>08-04-2010</i>
JANET B SELBE 1831 RIVERSIDE COURT STEAMBOAT SPRINGS, CO 80487	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2191
 Article #: 71106605959000123331
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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 7110 6605 9590 0012 3348

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

Delivered to:
 Recipient Name: JANET ELIZABETH VOGT
 Address: 13404 PIEDRA GRANDE PL NE
 City: ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3348

JANET ELIZABETH VOGT
 13404 PIEDRA GRANDE PL NE
 ALBUQUERQUE, NM 87111

Batch #: 2191
 Article #: 71106605959000123348
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006, See Reverse for Instructions

Reorder Form LCD-811B rev. 01/07

2. Article Number
 7110 6605 9590 0012 3348

1. Article Addressed to:
 JANET ELIZABETH VOGT
 13404 PIEDRA GRANDE PL NE
 ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

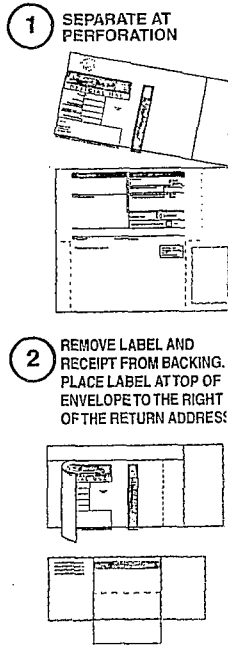
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 3348

1. Article Addressed to:
 JANET ELIZABETH VOGT
 13404 PIEDRA GRANDE PL NE
 ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

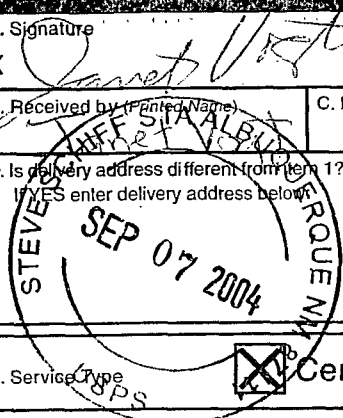
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2191
 Article #: 71106605959000123348
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3576

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

sent To **JANET SCHWARTZ KRAFT**
10606 HONDO HILL RD
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4 **HOUSTON, TX 77064**

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 3576

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

Batch #: 2272
 Article #: 71106605959000133576
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3576

1. Article Addressed to:

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

COMPLETE THIS SECTION ON DELIVERY

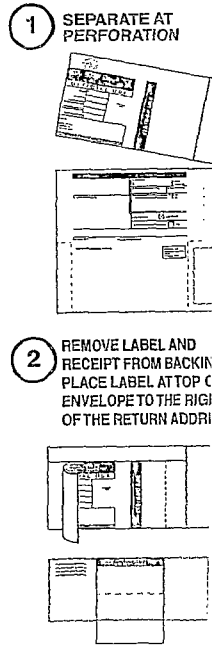
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3576

1. Article Addressed to:

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

COMPLETE THIS SECTION ON DELIVERY

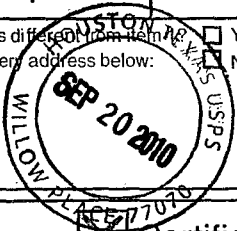
A. Signature Agent
[Signature] Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2272
 Article #: 71106605959000133576
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 3355

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

Postmark Here

Postmaster: JANICE P CAMPBELL
 PO BOX 2033
 MIDLAND, TX 79702-1714

PS Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 3355

JANICE P CAMPBELL
 PO BOX 2033
 MIDLAND, TX 79702-1714

Batch #: 2191
 Article #: 71106605959000123355
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-2003 rev. 01/07

2. Article Number

7110 6605 9590 0012 3355

1. Article Addressed to:

JANICE P CAMPBELL
 PO BOX 2033
 MIDLAND, TX 79702-1714

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

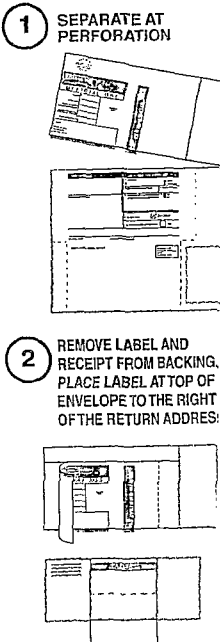
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3355

1. Article Addressed to:

JANICE P CAMPBELL
 PO BOX 2033
 MIDLAND, TX 79702-1714

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

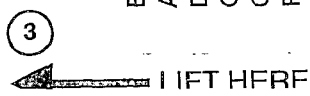
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123355
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3362

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

Postmark To: **JAY GOTTSTEIN TRUST NOV 11 1992**
4701 COLLEGE BLVD, SUITE 214
LEAWOOD, KS 66211

Form 3811, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 3362

JAY GOTTSTEIN TRUST NOV 11 1992
 4701 COLLEGE BLVD, SUITE 214
 LEAWOOD, KS 66211

Batch #: 2191
 Article #: 71106605959000123362
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3362

1. Article Addressed to:

JAY GOTTSTEIN TRUST NOV 11 1992
 4701 COLLEGE BLVD, SUITE 214
 LEAWOOD, KS 66211

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

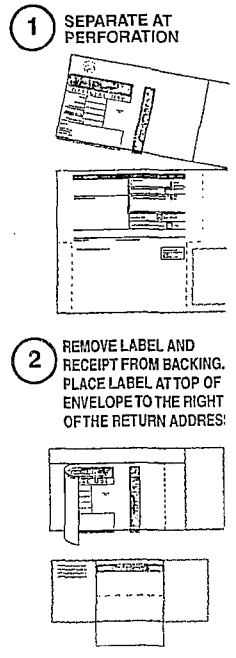
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3362

1. Article Addressed to:

JAY GOTTSTEIN TRUST NOV 11 1992
 4701 COLLEGE BLVD, SUITE 214
 LEAWOOD, KS 66211

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

M. Blase *9-8-10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123362
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0012 3379

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

Delivered to
 Jayne Griffith
 340 CR 239
 Durango, CO 81301

Form 3800, August 2008. See Reverse for Instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3379

JAYNE GRIFFITH
 340 CR 239
 DURANGO, CO 81301

Batch #: 2191
 Article #: 71106605959000123379
 Date/Time: 8/31/2010 12:09:22 PM
 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 3379

1. Article Addressed to:

JAYNE GRIFFITH
 340 CR 239
 DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

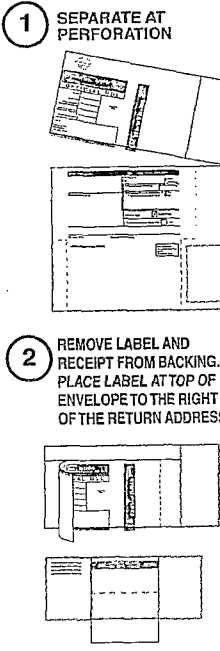
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3379

1. Article Addressed to:

JAYNE GRIFFITH
 340 CR 239
 DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

Sunday Campbell 9-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123379
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3583

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

ent To **JB RIVERS JR**
2329 NW 54TH
OKLAHOMA CITY, OK 73112

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

Form 3800, August 2008 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 0013 3583

JB RIVERS JR
2329 NW 54TH

OKLAHOMA CITY, OK 73112

Batch #: 2272
 Article #: 71106605959000133583
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3583

1. Article Addressed to:

JB RIVERS JR
2329 NW 54TH
OKLAHOMA CITY, OK 73112

COMPLETE THIS SECTION ON DELIVERY

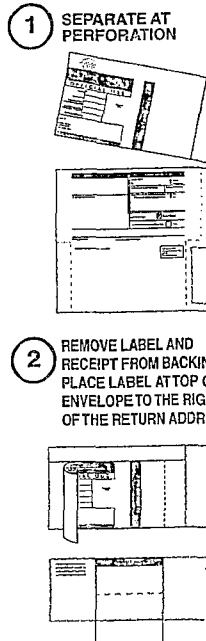
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3583

1. Article Addressed to:

JB RIVERS JR
2329 NW 54TH
OKLAHOMA CITY, OK 73112

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3 ← **LIFT HERE**

Batch #: 2272
 Article #: 71106605959000133583
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

San Juan Bus Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

71110 6605 9590 0012 3386

UNITED STATES POSTAL SERVICE

UNITED STATES POSTAL SERVICE
02 1P
0006557
MAILED F

UNCLAIMED

UNCLAIMED

JEAN ASHLEY WARD CARTER
14622 UNDERWOOD CREEK WAY
HOUSTON, TX 77062

23

100-100-100

LEGAL NO.

SEP 10



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7110 6605 9590 0012 3386

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

Postmark Here

Post to: **JEAN ASHLEY WARD CARTER**
14622 UNDERWOOD CREEK WAY
HOUSTON, TX 77062

PS Form 3800, August 2006 Edition. See Reverse for Instructions

Code: Allocation Project - D.Howell



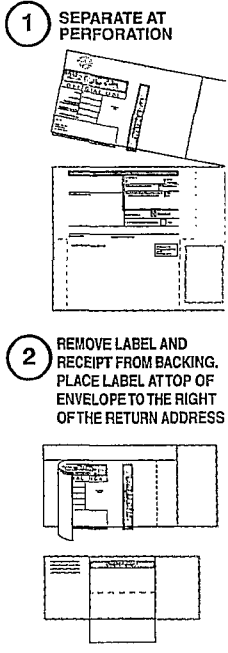
7110 6605 9590 0012 3386

JEAN ASHLEY WARD CARTER
14622 UNDERWOOD CREEK WAY
HOUSTON, TX 77062

Batch #: 2191
 Article #: 71106605959000123386
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3386	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JEAN ASHLEY WARD CARTER 14622 UNDERWOOD CREEK WAY HOUSTON, TX 77062	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



PS Form 3811 Domestic Return Receipt

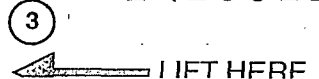
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2191
 Article #: 71106605959000123386
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3393

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

Postage To: **JEAN F LOEPKEY**
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



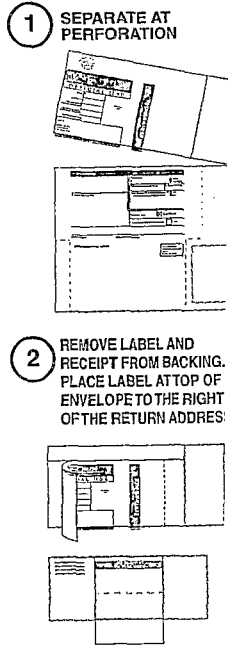
7110 6605 9590 0012 3393

JEAN F LOEPKEY
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

Batch #: 2191
 Article #: 71106605959000123393
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

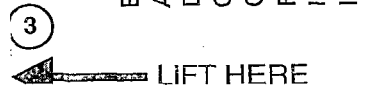
Reorder Form LCD, Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3393	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JEAN F LOEPKEY 21 CHARLESTON SQUARE ORMOND BEACH, FL 32174	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3393	A. Signature X Jean F Loepkey	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/4/10
JEAN F LOEPKEY 21 CHARLESTON SQUARE ORMOND BEACH, FL 32174	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2191
 Article #: 71106605959000123393
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3416

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

Send To
JEFF H. CALLOW
 626 CRAIG ST.
 WALLA WALLA, WA 99362

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3416

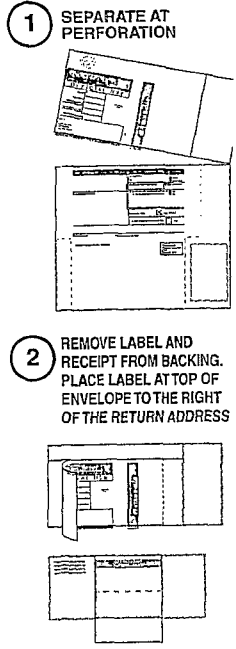
JEFF H. CALLOW
 626 CRAIG ST.
 WALLA WALLA, WA 99362

Batch #: 2191
 Article #: 71106605959000123416
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3416	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: JEFF H. CALLOW 626 CRAIG ST. WALLA WALLA, WA 99362	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

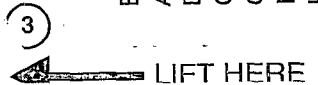
Code: Allocation Project - D.Howell



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3416	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: JEFF H. CALLOW 626 CRAIG ST. WALLA WALLA, WA 99362	B. Received by (Printed Name)	C. Date of Delivery 9/7/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell

Batch #: 2191
 Article #: 71106605959000123416
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3409

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

Post To
JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3409

JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

Batch #: 2191
 Article #: 71106605959000123409
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 3409

1. Article Addressed to:

JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

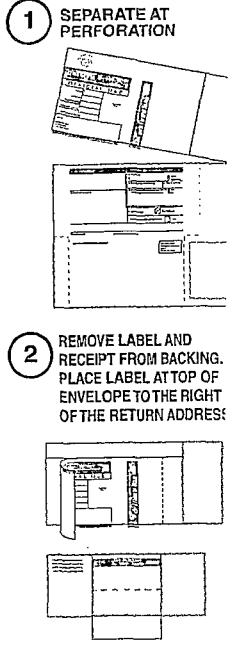
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3409

1. Article Addressed to:

JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

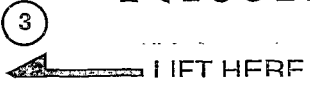
Jan Jaegi *9-4-10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123409
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3423

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

Send To
JEFFREY CASWELL NEAL
 1311 DOEPP DRIVE
 CARLSBAD, NM 88220

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3423

JEFFREY CASWELL NEAL
 1311 DOEPP DRIVE
 CARLSBAD, NM 88220

Batch #: 2191
 Article #: 71106605959000123423
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 R rev. 01/07

2. Article Number

7110 6605 9590 0012 3423

1. Article Addressed to:

JEFFREY CASWELL NEAL
 1311 DOEPP DRIVE
 CARLSBAD, NM 88220

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

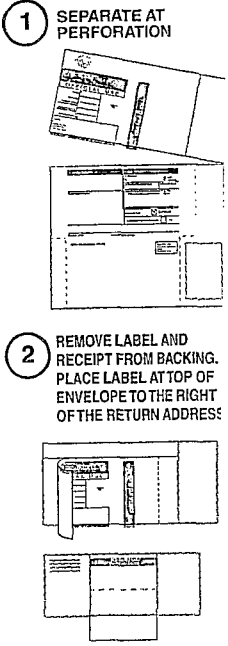
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3423

1. Article Addressed to:

JEFFREY CASWELL NEAL
 1311 DOEPP DRIVE
 CARLSBAD, NM 88220

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

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

[Signature] 9/2

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2191
 Article #: 71106605959000123423
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 2944

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

Delivered To: **JENNIFER AHO TR**
1391 SMT CHASE DR
 Street, Apt. No.,
 or PO Box No.
 City, State, Zip+4 **SNELLVILLE DRIVE, GA 30078**

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 2944

JENNIFER AHO TR
 1391 SMT CHASE DR
 SNELLVILLE DRIVE, GA 30078

Batch #: 2269
 Article #: 71106605959000132944
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2944

1. Article Addressed to:

JENNIFER AHO TR
 1391 SMT CHASE DR
 SNELLVILLE DRIVE, GA 30078

COMPLETE THIS SECTION ON DELIVERY

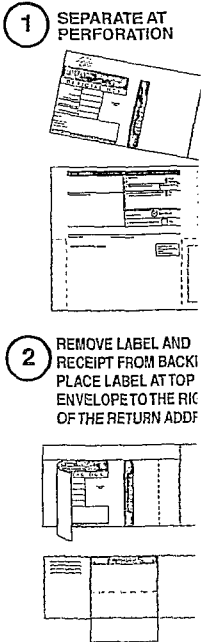
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 2944

1. Article Addressed to:

JENNIFER AHO TR
 1391 SMT CHASE DR
 SNELLVILLE DRIVE, GA 30078

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

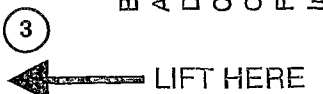
B. Received by (Printed Name) C. Date of Delivery
Barbara Aho 9/20/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2269
 Article #: 71106605959000132944
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 3430

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

Delivered To
 JENNIFER ERIN LAMB
 5792 MYRA AVE
 CYPRESS, CA 90630

Form 3811, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3430

JENNIFER ERIN LAMB
 5792 MYRA AVE
 CYPRESS, CA 90630

Batch #: 2191
 Article #: 71106605959000123430
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, 04/01/07

2. Article Number

7110 6605 9590 0012 3430

1. Article Addressed to:

JENNIFER ERIN LAMB
 5792 MYRA AVE
 CYPRESS, CA 90630

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

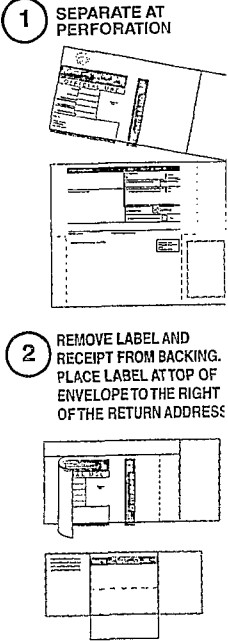
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3430

1. Article Addressed to:

JENNIFER ERIN LAMB
 5792 MYRA AVE
 CYPRESS, CA 90630

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

ROBERT LAMB 9/3/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

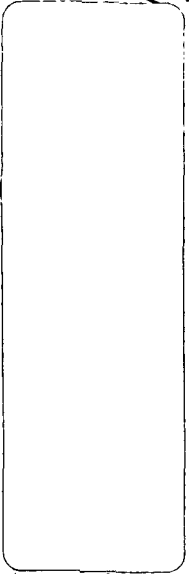
Batch #: 2191
 Article #: 71106605959000123430
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 IIFT HERE

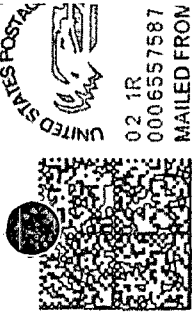
San Juan Business
PO Box 4289
Farmington NM 87499-4289

 **ConocoPhillips**

7110 6605 9590 0012 3447



Handwritten 'X' and other marks.



JEREMY S DAVIS
7539 BROMPTON ST
HOUSTON, TX 77025-2267



Handwritten 'NOT' and '9/10'.



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7110 6605 9590 0012 3447

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

Postmark Here

Delivered To
JEREMY S DAVIS
7539 BROMPTON ST
HOUSTON, TX 77025-2267

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 3447

JEREMY S DAVIS
7539 BROMPTON ST
HOUSTON, TX 77025-2267

Batch #: 2191
 Article #: 71106605959000123447
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-954R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3447	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:	
JEREMY S DAVIS 7539 BROMPTON ST HOUSTON, TX 77025-2267	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

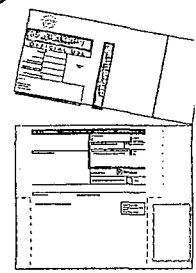


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

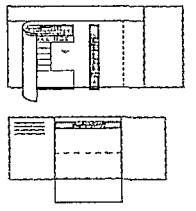
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2191
 Article #: 71106605959000123447
 Date/Time: 8/31/2010 12:09:22 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



3

LIFT HERE



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7110 6605 9590 0012 3454

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

Delivered to
 Jerry J Andrew
 408 Longwoods Lane
 Houston, TX 77024-5617

PS Form 3800, August 2006. See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 3454

JERRY J ANDREW
 408 LONGWOODS LANE
 HOUSTON, TX 77024-5617

Batch #: 2191
 Article #: 71106605959000123454
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 3454

1. Article Addressed to:

JERRY J ANDREW
 408 LONGWOODS LANE
 HOUSTON, TX 77024-5617

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

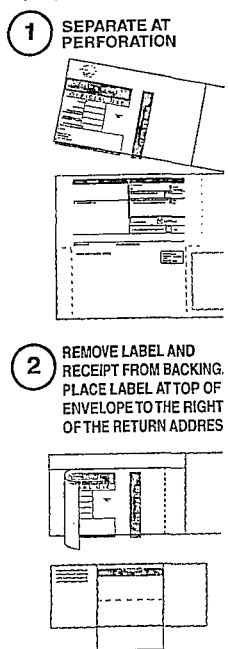
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3454

1. Article Addressed to:

JERRY J ANDREW
 408 LONGWOODS LANE
 HOUSTON, TX 77024-5617

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

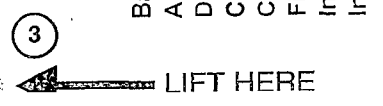
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123454
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3461

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

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 PO Box No.
 City, State, Zip+4

JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3461

JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

Batch #: 2191
 Article #: 71106605959000123461
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 3461

1. Article Addressed to:

JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

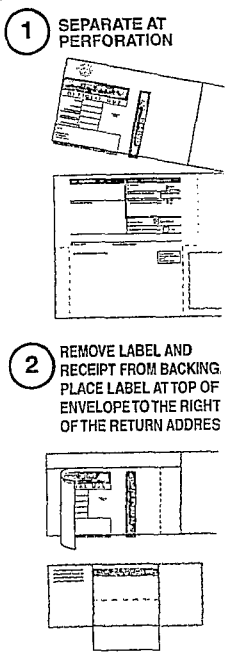
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3461

1. Article Addressed to:

JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

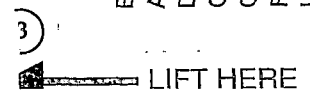
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123461
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3478

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

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

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3478

JESSICA DAVANT STANLEY
 13121 DELPHINUS WALK
 AUSTIN, TX 78732

Batch #: 2191
 Article #: 71106605959000123478
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3478

1. Article Addressed to:

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

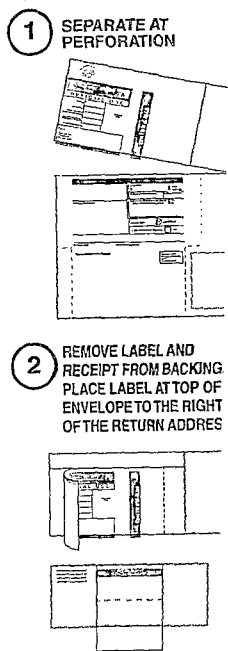
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3478

1. Article Addressed to:

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

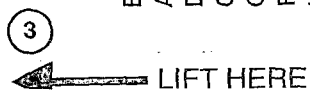
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123478
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3485

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

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

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3485

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

Batch #: 2191
 Article #: 71106605959000123485
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 3485

1. Article Addressed to:

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

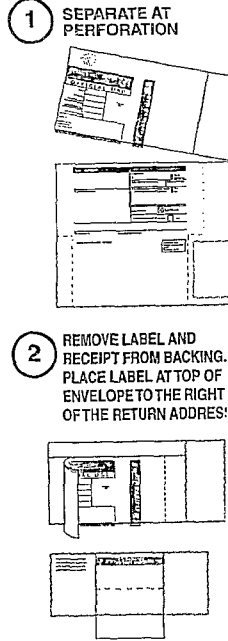
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3485

1. Article Addressed to:

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
JESSIE A DENNIS 9-07-10

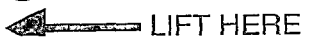
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123485
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0013 2951

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

ent To **JESSIE LEE JOHNSON**
11234 COONROD RD
 r PO Box No. **CHEYENNE, WY 82009-8517**
 ity, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions



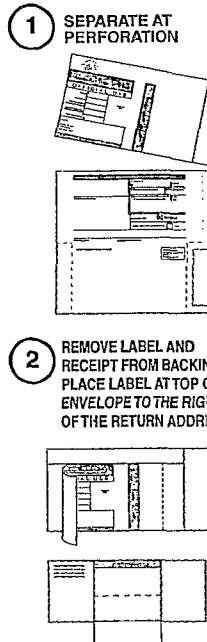
7110 6605 9590 0013 2951

JESSIE LEE JOHNSON
 11234 COONROD RD
 CHEYENNE, WY 82009-8517

Batch #: 2269
 Article #: 71106605959000132951
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- ev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2951		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
JESSIE LEE JOHNSON 11234 COONROD RD CHEYENNE, WY 82009-8517		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type		<input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	



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

3
 LIFT HERE

Batch #: 2269
 Article #: 71106605959000132951
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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 7110 6605 9590 0012 3492

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

sent To **JESSIE L JOHNSON**
11234 COONROD RD
CHEYENNE, WY 82009

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



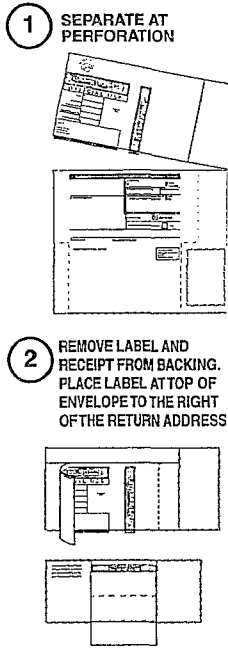
7110 6605 9590 0012 3492

JESSIE L JOHNSON
11234 COONROD RD
CHEYENNE, WY 82009

Batch #: 2191
 Article #: 71106605959000123492
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3492		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
JESSIE L JOHNSON 11234 COONROD RD CHEYENNE, WY 82009		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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

Batch #: 2191
 Article #: 71106605959000123492
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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

Postmark Here

Code: Allocation Project - D.Howell

7110 6605 9590 0012 3508

JESSIE S HASLER ET AL RESIDUARY TR
 ATTN PAT HUGHES
 114 W 47TG ST 8TH FL
 NEW YORK, NY 10036-1532

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

CERTIFIED MAIL™

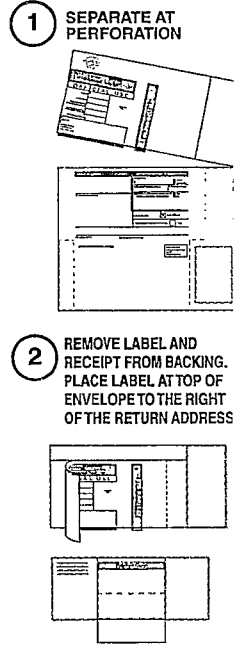
JESSIE S HASLER ET AL RESIDUARY TR
 ATTN PAT HUGHES
 114 W 47TG ST 8TH FL
 NEW YORK, NY 10036-1532

Batch #: 2191
 Article #: 71106605959000123508
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811 August 2008 (See Reverse for Instructions)

Reorder Form LCD-3811 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3508	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JESSIE S HASLER ET AL RESIDUARY TR ATTN PAT HUGHES 114 W 47TG ST 8TH FL NEW YORK, NY 10036-1532	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



PS Form 3811

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 USPS
 Permit No. G-10

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

Batch #: 2191
 Article #: 71106605959000123508
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE

Phillips

0013 3590 9590 4605 0013 3590

0000007007 SEP 10 2014
MAILED FROM ZIP CODE 87402



Handwritten signature



**NO SIGN
NUMBER**

JESSIE MAE WAKELAND
603 W PETER SMITH

FORT WORTH, TX 76104



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7110 6605 9590 0013 3590

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

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

JESSIE MAE WAKELAND
603 W PETER SMITH
FORT WORTH, TX 76104

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3590

JESSIE MAE WAKELAND
603 W PETER SMITH
FORT WORTH, TX 76104

Batch #: 2272
 Article #: 71106605959000133590
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2 Article Number

7110 6605 9590 0013 3590

1. Article Addressed to:

JESSIE MAE WAKELAND
603 W PETER SMITH
FORT WORTH, TX 76104

COMPLETE THIS SECTION ON DELIVERY

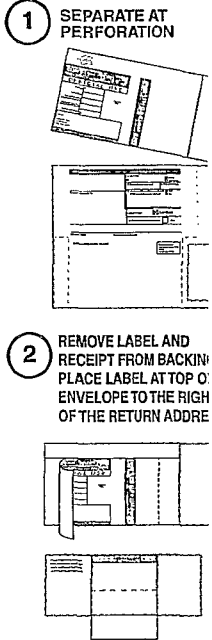
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

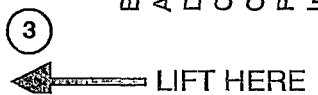
UNITED STATES POSTAL SERVICE



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 USPS
 Permit No. G-10

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

Batch #: 2272
 Article #: 71106605959000133590
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Delivered to
JILL M SOENS
728 EAST 4TH AVENUE
DURANGO, CO 81301

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

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3522

JILL M SOENS
728 EAST 4TH AVENUE
DURANGO, CO 81301

Batch #: 2191
 Article #: 71106605959000123522
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, rev. 01/07

2. Article Number

7110 6605 9590 0012 3522

1. Article Addressed to:

JILL M SOENS
728 EAST 4TH AVENUE
DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

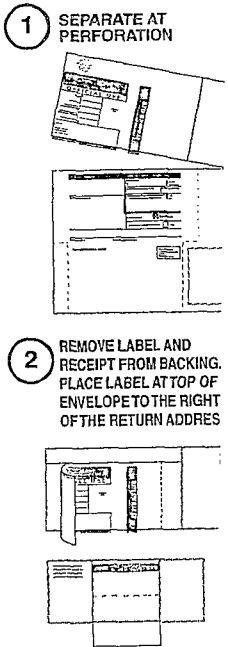
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3522

1. Article Addressed to:

JILL M SOENS
728 EAST 4TH AVENUE
DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

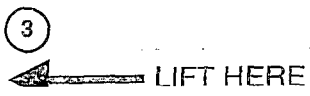
B. Received by (Printed Name) C. Date of Delivery
Jill M Soens **9/7/10**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123522
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Send To
JILL E CORNELL
 5621 TIMBERLINE AVE NW
 ALBUQUERQUE, NM 87120
 Street, Apt. No.,
 PO Box No.,
 City, State, Zip+4

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 3515

JILL E CORNELL
 5621 TIMBERLINE AVE NW
 ALBUQUERQUE, NM 87120

Batch #: 2191
 Article #: 71106605959000123515
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3811 rev. 01/07

2. Article Number

7110 6605 9590 0012 3515

1. Article Addressed to:

JILL E CORNELL
 5621 TIMBERLINE AVE NW
 ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

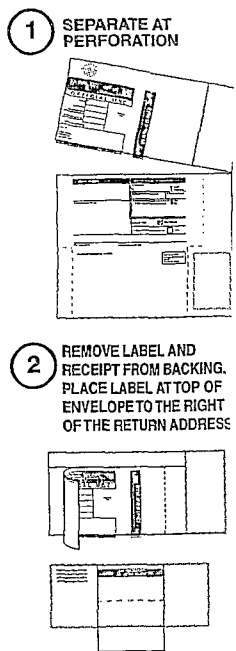
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3515

1. Article Addressed to:

JILL E CORNELL
 5621 TIMBERLINE AVE NW
 ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123515
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Delivered To: **JIMMY L MALONE**
33249 NEWBURY ST
YUCAIPA, CA 92399

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



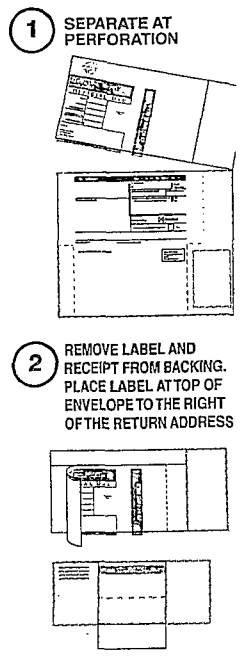
7110 6605 9590 0012 3539

JIMMY L MALONE
33249 NEWBURY ST
YUCAIPA, CA 92399

Batch #: 2191
 Article #: 71106605959000123539
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-444R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3539	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
JIMMY L MALONE 33249 NEWBURY ST YUCAIPA, CA 92399	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3539	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
JIMMY L MALONE 33249 NEWBURY ST YUCAIPA, CA 92399	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2191
 Article #: 71106605959000123539
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 3546

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

Postmark Here

Code: Allocation Project - D.Howell

JMH OIL INC
C/O BAUER FINANCIAL SERVICES
2960 CABIN DR W LOT 16
COLEHARBOR, ND 58531-9402

Form 3811, August 2006 See Reverse for Instructions



7110 6605 9590 0012 3546

JMH OIL INC
C/O BAUER FINANCIAL SERVICES
2960 CABIN DR W LOT 16
COLEHARBOR, ND 58531-9402

Batch #: 2191
 Article #: 71106605959000123546
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-9 rev. 01/07

2. Article Number

7110 6605 9590 0012 3546

1. Article Addressed to:

JMH OIL INC
C/O BAUER FINANCIAL SERVICES
2960 CABIN DR W LOT 16
COLEHARBOR, ND 58531-9402

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

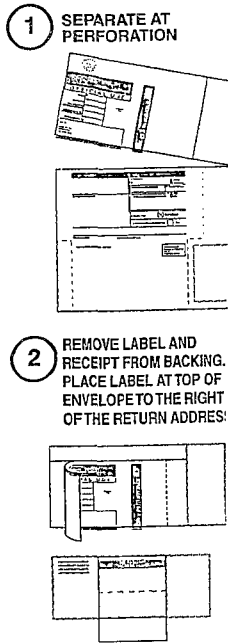
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3546

1. Article Addressed to:

JMH OIL INC
C/O BAUER FINANCIAL SERVICES
2960 CABIN DR W LOT 16
COLEHARBOR, ND 58531-9402

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Mary Wertz

B. Received by (Printed Name) C. Date of Delivery
Mary Wertz 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123546
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 3553

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

Send To
JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3553

JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

Batch #: 2191
 Article #: 71106605959000123553
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 01 rev. 01/07

2. Article Number

7110 6605 9590 0012 3553

1. Article Addressed to:

JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

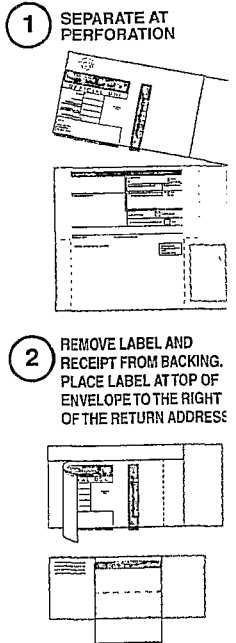
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3553

1. Article Addressed to:

JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

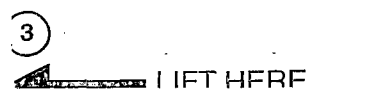
B. Received by (Printed Name) C. Date of Delivery
 J. Denito 9-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123553
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3096

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

Postage To: **JAMES E DAVANT DVM**
PO BOX 695
BLESSING, TX 77419-0695

Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 3096

JAMES E DAVANT DVM
PO BOX 695
BLESSING, TX 77419-0695

Batch #: 2191
 Article #: 71106605959000123096
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number

7110 6605 9590 0012 3096

1. Article Addressed to:

JAMES E DAVANT DVM
PO BOX 695
BLESSING, TX 77419-0695

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

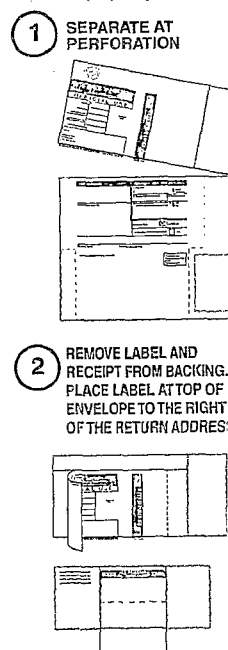
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3096

1. Article Addressed to:

JAMES E DAVANT DVM
PO BOX 695
BLESSING, TX 77419-0695

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Raynae Yordan*

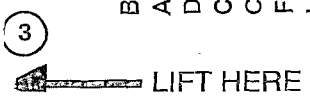
B. Received by (Printed Name) C. Date of Delivery
 [Signature] 8-20

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123096
 Date/Time: 8/31/2010 12:09:21 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Delivered To
JO ELLEN SERRANO
NBU 3017 CR 5398 #6
FARMINGTON, NM 87401

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 3560

JO ELLEN SERRANO
NBU 3017 CR 5398 #6
FARMINGTON, NM 87401

Batch #: 2191
 Article #: 71106605959000123560
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 2941R rev. 01/07

2. Article Number

7110 6605 9590 0012 3560

1. Article Addressed to:

JO ELLEN SERRANO
NBU 3017 CR 5398 #6
FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

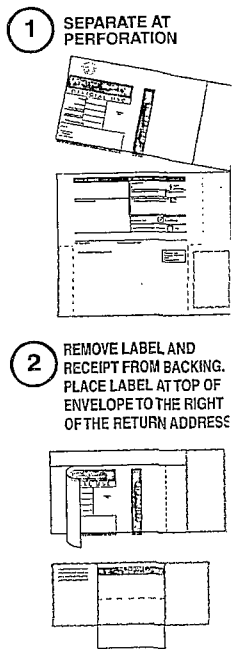
A. Signature
 X Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3560

1. Article Addressed to:

JO ELLEN SERRANO
NBU 3017 CR 5398 #6
FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Joey Serrano* Agent
 Addressee

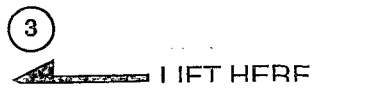
B. Received by (Printed Name) C. Date of Delivery
Joey Serrano 9-8-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123560
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Post To: **JOAN A CORNELL**
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3577

JOAN A CORNELL
 5009 PONDEROSA NE
 ALBUQUERQUE, NM 87110

Batch #: 2191
 Article #: 71106605959000123577
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-841R rev. 01/07

2. Article Number
 7110 6605 9590 0012 3577

1. Article Addressed to:
JOAN A CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

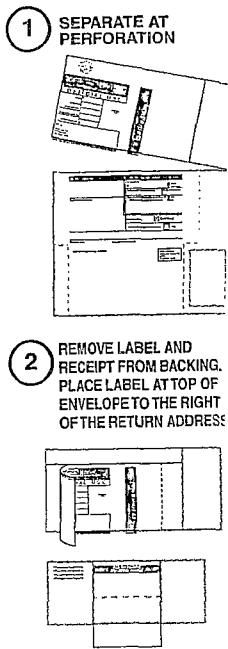
A. Signature
 X Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 3577

1. Article Addressed to:
JOAN A CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Joan A. Cornell* Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123577
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3584

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

Delivered To: **JOAN BEATTY COZBY**
PO BOX 94
DURANGO, CO 81302

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3584

JOAN BEATTY COZBY
 PO BOX 94
 DURANGO, CO 81302

Batch #: 2191
 Article #: 71106605959000123584
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 rev. 01/07

2. Article Number

7110 6605 9590 0012 3584

1. Article Addressed to:

JOAN BEATTY COZBY
PO BOX 94
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

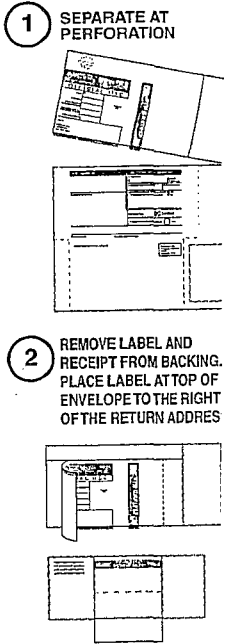
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3584

1. Article Addressed to:

JOAN BEATTY COZBY
PO BOX 94
DURANGO, CO 81302

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

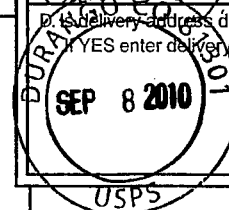
A. Signature Agent Addressee
X *Joan Beatty Cozby*

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2191
 Article #: 71106605959000123584
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3



San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

04011597W:11570

1111 6605 9590 0012 3591

10/1

[Handwritten signature]

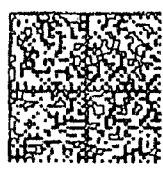
MOVED

*remailed
10/4/10
[initials]*

JOAN DERRY
5825 COLBY ST
CALIFORNIA CA 94618 4994

DERR625+ 546182047 1809 B6 09/27/10
FORWARD TIME EXP RTW TO SEND
DERRY/JOAN W
64310 DESERT AIR CT
DERR NOT SPDS CA 92240-1432

RETURN TO SENDER
[Barcode]



UNITED STATES P
02 1R
00065576
MAILED FF

Second Notice
9.5



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

Send To: **JOAN DERRY**
5825 COLBY ST
OAKLAND, CA 94618-1224

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3591

JOAN DERRY
5825 COLBY ST
OAKLAND, CA 94618-1224

Batch #: 2191
 Article #: 71106605959000123591
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD Rev. 01/07

2. Article Number
 7110 6605 9590 0012 3591

1. Article Addressed to:
JOAN DERRY
5825 COLBY ST
OAKLAND, CA 94618-1224

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

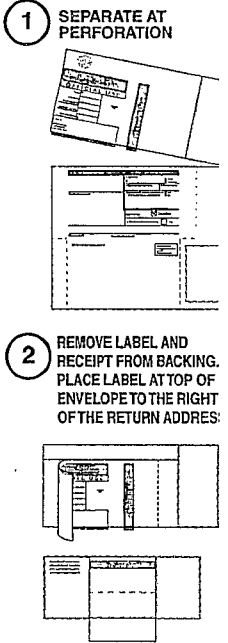
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2191
 Article #: 71106605959000123591
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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 7110 6605 9590 0012 3607

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

Delivered To: **JOAN E. MYER**
 315 ELDRIDGE LN
 LAWRENCE, KS 66049-4127

Form 3811, August 2006 - See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3607

JOAN E. MYER
 315 ELDRIDGE LN
 LAWRENCE, KS 66049-4127

Batch #: 2191
 Article #: 71106605959000123607
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-9448 rev. 01/07

2. Article Number

7110 6605 9590 0012 3607

1. Article Addressed to:

JOAN E. MYER
 315 ELDRIDGE LN
 LAWRENCE, KS 66049-4127

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

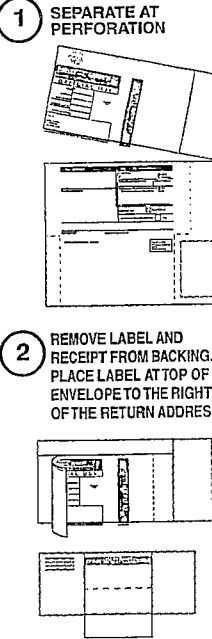
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3607

1. Article Addressed to:

JOAN E. MYER
 315 ELDRIDGE LN
 LAWRENCE, KS 66049-4127

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2191
 Article #: 71106605959000123607
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 3614

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

Send To
JOAN MATTHEWS
5329 SANTA TERESA DR
EL PASO, TX 79932

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

PS Form 3811, August 2006 (Rev. 01/07) See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3614

JOAN MATTHEWS
5329 SANTA TERESA DR
EL PASO, TX 79932

Batch #: 2191
 Article #: 71106605959000123614
 Date/Time: 8/31/2010 12:09:22 PM
 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 3614

1. Article Addressed to:
JOAN MATTHEWS
5329 SANTA TERESA DR
EL PASO, TX 79932

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

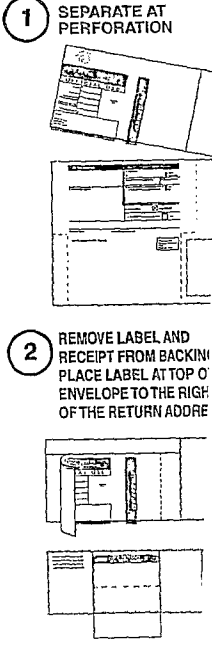
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 3614

1. Article Addressed to:
JOAN MATTHEWS
5329 SANTA TERESA DR
EL PASO, TX 79932

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Billy Matthews*

B. Received by (Printed Name) C. Date of Delivery
JOAN *8/31/10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123614
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3

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 7110 6605 9590 0012 3621

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

Delivered To
 Street, Apt. No., PO Box No., City, State, Zip+4
JOANN BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3621

JOANN BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Batch #: 2191
 Article #: 71106605959000123621
 Date/Time: 8/31/2010 12:09:22 PM
 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 3621

1. Article Addressed to:

JOANN BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

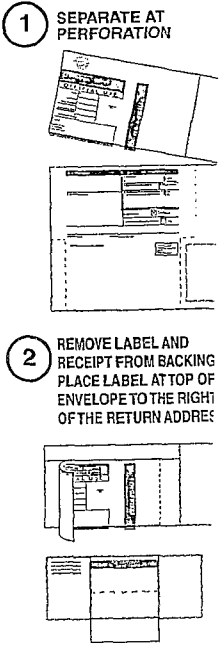
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3621

1. Article Addressed to:

JOANN BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Cheryl Good

B. Received by (Printed Name) C. Date of Delivery
Cheryl Good 8/31/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123621
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 3638

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

Delivered To: **JOANN DENNIS DENITTO**
30 CROCKETT CIR
LEVELLAND, TX 79336

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3638

JOANN DENNIS DENITTO
30 CROCKETT CIR
LEVELLAND, TX 79336

Batch #: 2191
 Article #: 71106605959000123638
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3638

1. Article Addressed to:

JOANN DENNIS DENITTO
30 CROCKETT CIR
LEVELLAND, TX 79336

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

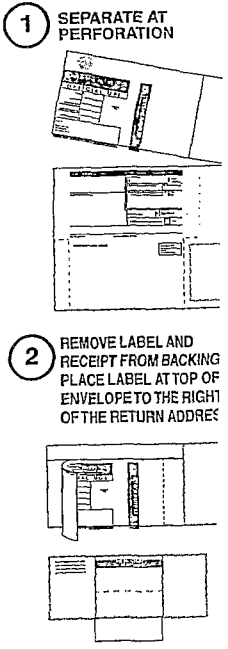
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3638

1. Article Addressed to:

JOANN DENNIS DENITTO
30 CROCKETT CIR
LEVELLAND, TX 79336

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123638
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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 7110 6605 9590 0012 3645

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

sent To
JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

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

Form 3800 August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3645

JOANNE C LORENCE
 520 CHESTNUT
 ATLANTIC, IA 50022

Batch #: 2191
 Article #: 71106605959000123645
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 rev. 01/07

2. Article Number

7110 6605 9590 0012 3645

1. Article Addressed to:

JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

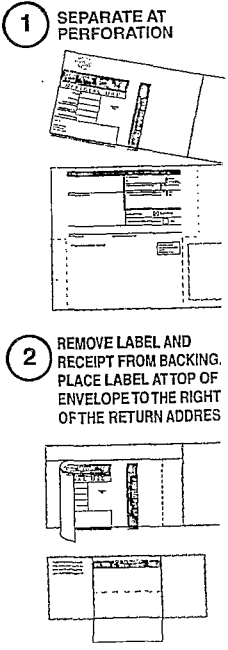
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3645

1. Article Addressed to:

JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Connie E. Pierce Addressee

B. Received by (Printed Name) C. Date of Delivery
Connie E. Pierce 9/3/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123645
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

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7110 6605 9590 0012 3652

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

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

JOANNE CALLAN
1028 SANTA FLORENCIA
SOLANA BEACH, CA 92075-1516

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3652

JOANNE CALLAN
1028 SANTA FLORENCIA
SOLANA BEACH, CA 92075-1516

Batch #: 2191
 Article #: 71106605959000123652
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 3652

1. Article Addressed to:

JOANNE CALLAN
1028 SANTA FLORENCIA
SOLANA BEACH, CA 92075-1516

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

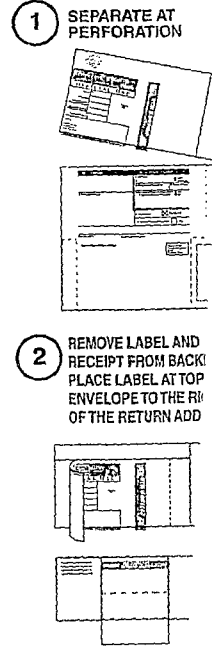
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3652

1. Article Addressed to:

JOANNE CALLAN
1028 SANTA FLORENCIA
SOLANA BEACH, CA 92075-1516

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123652
 Date/Time: 8/31/2010 12:09:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:



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7110 6605 9590 0012 3669

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

Post To: **JOE F ELLEDGE**
PO BOX 111
FARMINGTON, NM 87499

Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 3669

JOE F ELLEDGE
PO BOX 111
FARMINGTON, NM 87499

Batch #: 2191
 Article #: 71106605959000123669
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 3669

1. Article Addressed to:

JOE F ELLEDGE
PO BOX 111
FARMINGTON, NM 87499

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

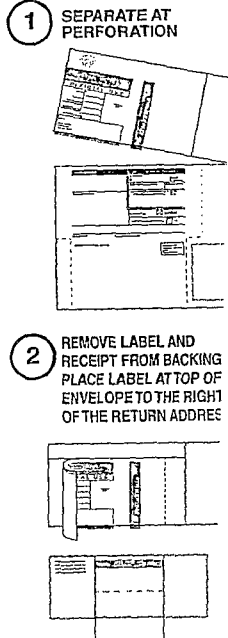
A. Signature Agent Addressee
X

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3669

1. Article Addressed to:

JOE F ELLEDGE
PO BOX 111
FARMINGTON, NM 87499

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

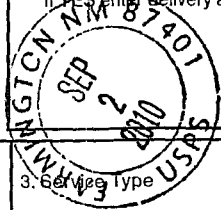
A. Signature Agent Addressee
X *Joe Elledge*

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

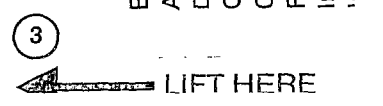
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2191
 Article #: 71106605959000123669
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3676

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

Send To
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 City, State, Zip+4

JOE G JAQUEZ & GREGORITA G JAQUEZ
38 CR 3020
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



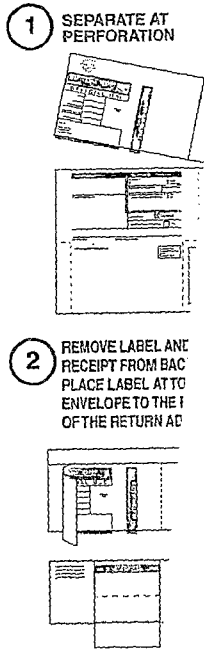
7110 6605 9590 0012 3676

JOE G JAQUEZ & GREGORITA G JAQUEZ
38 CR 3020
AZTEC, NM 87410

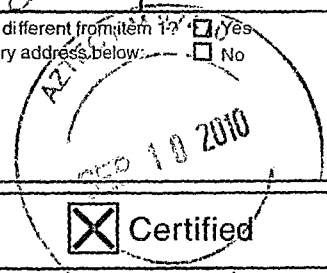
Batch #: 2191
 Article #: 71106605959000123676
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3676	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
JOE G JAQUEZ & GREGORITA G JAQUEZ 38 CR 3020 AZTEC, NM 87410	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3676	A. Signature <input type="checkbox"/> Agent X <i>Deanna Brown</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
JOE G JAQUEZ & GREGORITA G JAQUEZ 38 CR 3020 AZTEC, NM 87410	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



Batch #: 2191
 Article #: 71106605959000123676
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

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7110 6605 9590 0012 3683

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

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

JOE LOPEZ ESTATE
PO BOX 355
BLANCO, NM 87412

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, FOLDED AT DOTTED LINE

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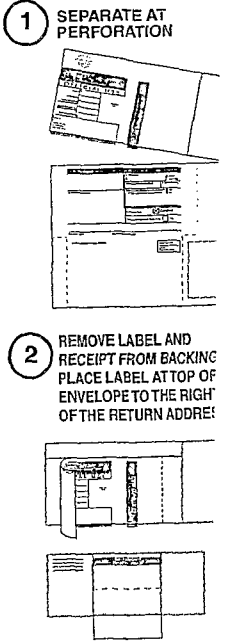
7110 6605 9590 0012 3683

JOE LOPEZ ESTATE
PO BOX 355
BLANCO, NM 87412

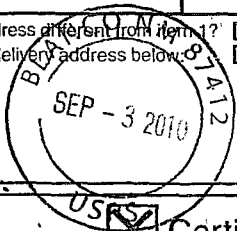
Batch #: 2191
 Article #: 71106605959000123683
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3683	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOE LOPEZ ESTATE PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3683	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOE LOPEZ ESTATE PO BOX 355 BLANCO, NM 87412	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



Batch #: 2191
 Article #: 71106605959000123683
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

5

7110 6605 9590 0012 3690

21/2
9-20

UNCLAIMED
RECEIVED
FOR SENDER
JOE MARTINEZ
8 S. BOTLER
FARMINGTON, NM 87401



UNITED STATES POST
02 1R
0006557587
MAILED FROM

9/2



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7110 6605 9590 0012 3706

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

Delivered to
JOE P TRUJILLO
 P O BOX 351
 FARMINGTON, NM 87401

PS Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3706

JOE P TRUJILLO
 P O BOX 351
 FARMINGTON, NM 87401

Batch #: 2191
 Article #: 71106605959000123706
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811B, rev. 01/07

2. Article Number

7110 6605 9590 0012 3706

1. Article Addressed to:

JOE P TRUJILLO
 P O BOX 351
 FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

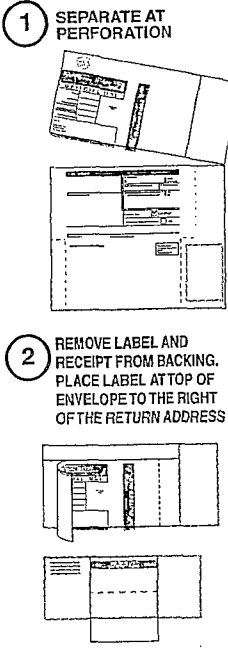
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



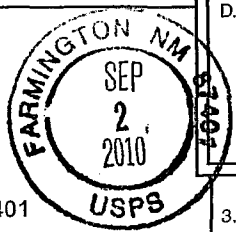
2. Article Number

7110 6605 9590 0012 3706

1. Article Addressed to:

JOE P TRUJILLO
 P O BOX 351
 FARMINGTON, NM 87401

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Rose A. Trujillo

B. Received by (Printed Name) C. Date of Delivery
Rose A. Trujillo 9-2-10

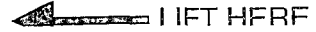
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123706
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 3713

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

sent To
JOE RENEE ABBOTT
 3733 AVENIDA PALO VERDE
 BONITA, CA 91902-1007

Form 3800, August 2006 See Reverse for Instructions

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

Code: Allocation Project - D.Howell

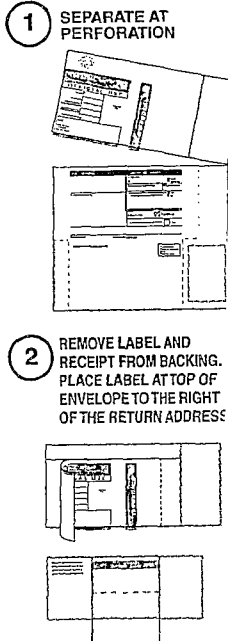
7110 6605 9590 0012 3713

JOE RENEE ABBOTT
 3733 AVENIDA PALO VERDE
 BONITA, CA 91902-1007

Batch #: 2191
 Article #: 71106605959000123713
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-844R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3713	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOE RENEE ABBOTT 3733 AVENIDA PALO VERDE BONITA, CA 91902-1007	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3713	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOE RENEE ABBOTT 3733 AVENIDA PALO VERDE BONITA, CA 91902-1007	C. ABBOTT	8/31/10
D. Is delivery address different from item 1? If YES enter delivery address below:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123713
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0012 3720

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

Delivered To
 JOHN A. WALL
 PO BOX 915
 SOCORRO, NM 87801

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



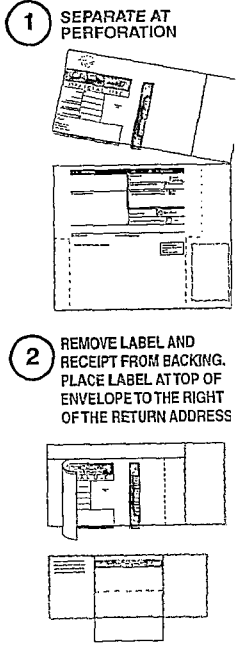
7110 6605 9590 0012 3720

JOHN A. WALL
 PO BOX 915
 SOCORRO, NM 87801

Batch #: 2191
 Article #: 71106605959000123720
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811B, rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3720	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN A. WALL PO BOX 915 SOCORRO, NM 87801		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3720	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN A. WALL PO BOX 915 SOCORRO, NM 87801	JAMES L. HOITZ	9-910
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123720
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3737

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

Send To
 JOHN B ALLINSON JR
 PO BOX 21834
 WACO, TX 76702

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3737

JOHN B ALLINSON JR
 PO BOX 21834
 WACO, TX 76702

Batch #: 2191
 Article #: 71106605959000123737
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LOD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3737

1. Article Addressed to:

JOHN B ALLINSON JR
 PO BOX 21834
 WACO, TX 76702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

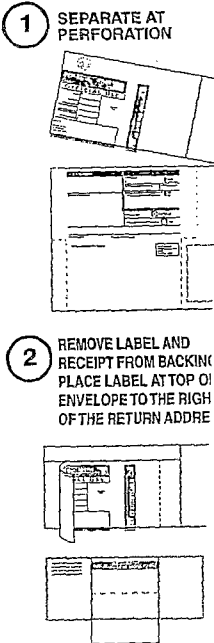
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3737

1. Article Addressed to:

JOHN B ALLINSON JR
 PO BOX 21834
 WACO, TX 76702

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

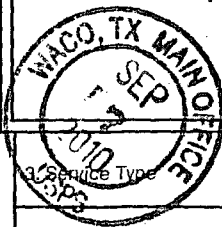
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2191
 Article #: 71106605959000123737
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 3744	
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

Delivered to
 JOHN B PIERCE
 PO BOX 5025
 GREENEHAVEN, AZ 86040

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3744

JOHN B PIERCE
 PO BOX 5025
 GREENEHAVEN, AZ 86040

Batch #: 2191
 Article #: 71106605959000123744
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 3744

1. Article Addressed to:

JOHN B PIERCE
 PO BOX 5025
 GREENEHAVEN, AZ 86040

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X

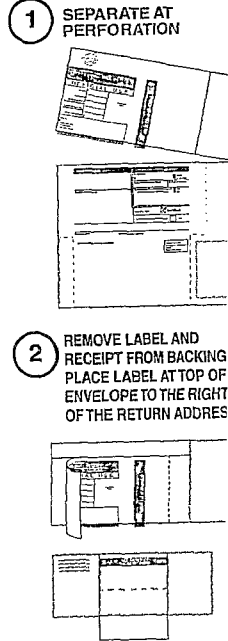
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 3744

1. Article Addressed to:

JOHN B PIERCE
 PO BOX 5025
 GREENEHAVEN, AZ 86040

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Clare C. Pierce*

B. Received by (Printed Name) C. Date of Delivery
 CLARE Pierce 9/5/10

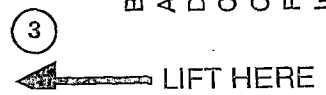
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2191
 Article #: 71106605959000123744
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



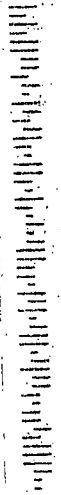
Phillips

Unclaimed
 Returned
 AS Returned - Not known
 AS Returned Address
 AS Returned (No Return Address)
 AS Returned (No Return Address)
 AS Returned (No Return Address)
 AS Returned (No Return Address)

REASON CHECKED
 RETURN TO SENDER
 RETURN TO SENDER (the Envelope)

UTP

JOHN BERNARD MORGAN
 11519 POWDER MILL TRL
 AUSTIN, TX 78750





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7110 6605 9590 0012 3751	
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

Code: Allocation Project - D.Howell

Postage To: **JOHN BERNARD MORGAN**
 11519 POWDER MILL TRL
 AUSTIN, TX 78750

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

Form 3800, August 2006. See Reverse for Instructions

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

CERTIFIED MAIL™

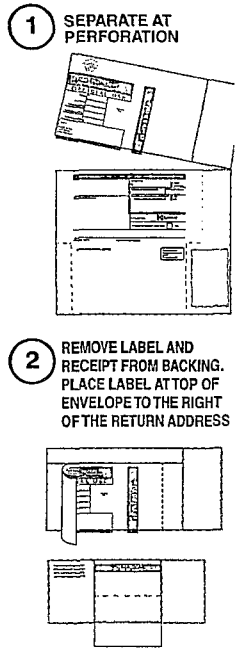
7110 6605 9590 0012 3751

JOHN BERNARD MORGAN
 11519 POWDER MILL TRL
 AUSTIN, TX 78750

Batch #: 2191
 Article #: 71106605959000123751
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-844R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3751	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
JOHN BERNARD MORGAN 11519 POWDER MILL TRL AUSTIN, TX 78750	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2191
 Article #: 71106605959000123751
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0013 3606

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

sent To **JOHN C HARRINGTON JR**
PO BOX 54931
OKLAHOMA CITY, OK 73154-1931

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

Form 3800, August 2006, See Reverse for Instructions

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

7110 6605 9590 0013 3606

JOHN C HARRINGTON JR
PO BOX 54931

OKLAHOMA CITY, OK 73154-1931

Batch #: 2272
 Article #: 71106605959000133606
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3606

1. Article Addressed to:

JOHN C HARRINGTON JR
PO BOX 54931
OKLAHOMA CITY, OK 73154-1931

COMPLETE THIS SECTION ON DELIVERY

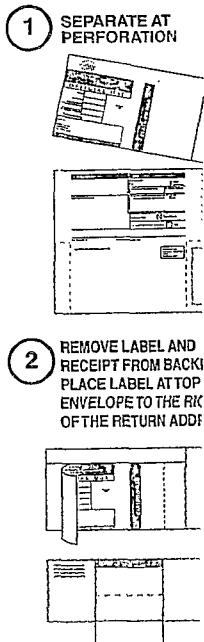
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3606

1. Article Addressed to:

JOHN C HARRINGTON JR
PO BOX 54931
OKLAHOMA CITY, OK 73154-1931

COMPLETE THIS SECTION ON DELIVERY

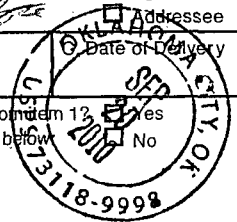
A. Signature Agent
 Addressee

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

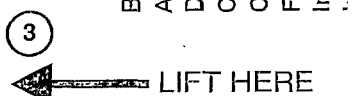
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2272
 Article #: 71106605959000133606
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 3768

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

Return To: **JOHN C WYNNE & DIANE R WYNNE TRUST**
 2924 WILLOW BRANCH
 OKLAHOMA CITY, OK 73120-1812

Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

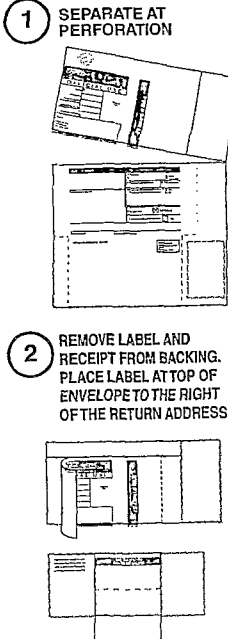
7110 6605 9590 0012 3768

JOHN C WYNNE & DIANE R WYNNE TRUST
 2924 WILLOW BRANCH
 OKLAHOMA CITY, OK 73120-1812

Batch #: 2191
 Article #: 71106605959000123768
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

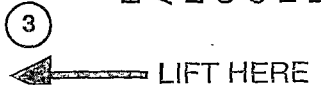
Reorder Form LCD 941R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3768	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: JOHN C WYNNE & DIANE R WYNNE TRUST 2924 WILLOW BRANCH OKLAHOMA CITY, OK 73120-1812	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3768	A. Signature X <i>Diane Wynne</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: JOHN C WYNNE & DIANE R WYNNE TRUST 2924 WILLOW BRANCH OKLAHOMA CITY, OK 73120-1812	B. Received by (Printed Name) <i>Diane Wynne</i>	C. Date of Delivery <i>9/8/10</i>
	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123768
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3775

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

sent To
 Street, Apt. No., PO Box No., City, State, Zip+4
JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3775

JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

Batch #: 2191
 Article #: 71106605959000123775
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 544R rev. 01/07

2. Article Number

7110 6605 9590 0012 3775

1. Article Addressed to:

JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

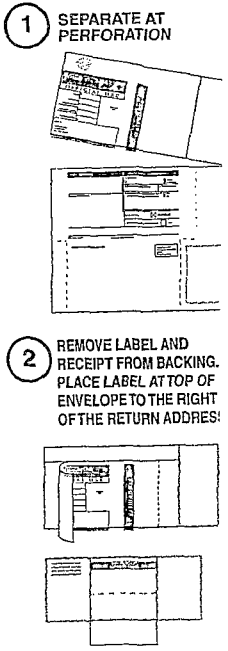
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 3775

1. Article Addressed to:

JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
JOHN DAVENPORT 9-8-10

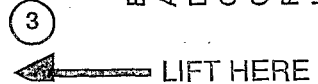
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2191
 Article #: 71106605959000123775
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

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

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3782

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

Batch #: 2191
 Article #: 71106605959000123782
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-3800 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3782

1. Article Addressed to:

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

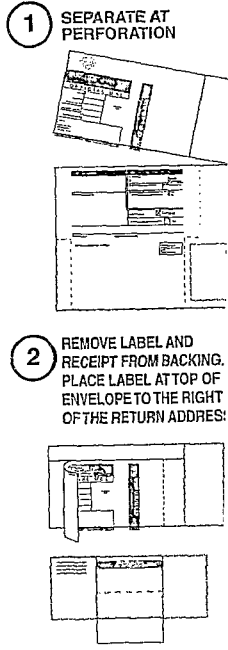
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3782

1. Article Addressed to:

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X J Preston

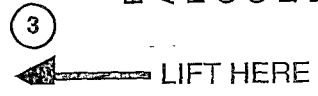
B. Received by (Printed Name) C. Date of Delivery
JOHN PRESTON 8-17-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123782
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3799

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

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

JOHN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Code: Allocation Project - D.Howell



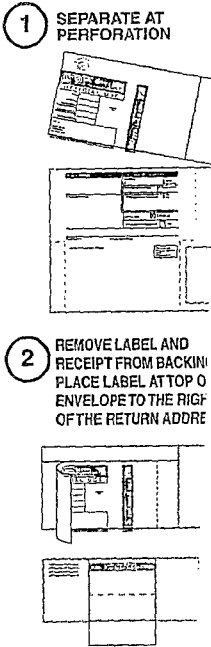
7110 6605 9590 0012 3799

JOHN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2191
 Article #: 71106605959000123799
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

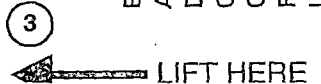
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3799	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3799	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706		9-3-10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2191
 Article #: 71106605959000123799
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 3805

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

Post To: **JOHN GRAMBLING**
916 CHERRY HILL LANE
EL PASO, TX 79912

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3805

JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

Batch #: 2191
 Article #: 71106605959000123805
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 3805

1. Article Addressed to:

JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

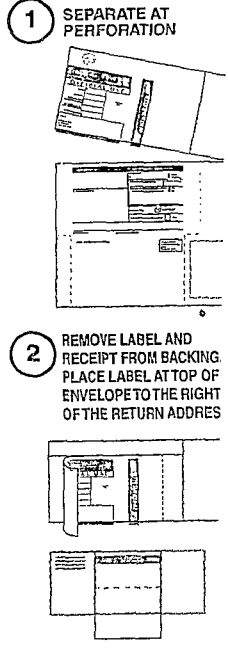
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3805

1. Article Addressed to:

JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John Grambling

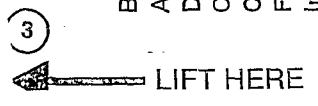
B. Received by (Printed Name) C. Date of Delivery
 9-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2191
 Article #: 71106605959000123805
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3812

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

Postmark Here

Delivered to:
JOHN HUNTER JONES
2023 RUE DE ST TROPEZ
AUSTIN, TX 78746

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



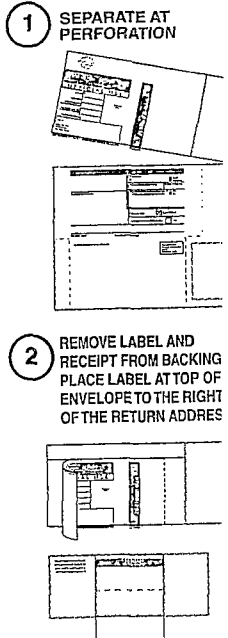
7110 6605 9590 0012 3812

JOHN HUNTER JONES
2023 RUE DE ST TROPEZ
AUSTIN, TX 78746

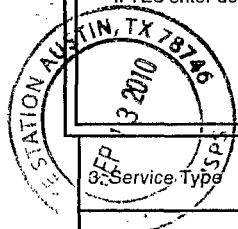
Batch #: 2191
 Article #: 71106605959000123812
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCP 3811R rev. 01/07

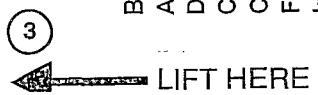
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3812	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN HUNTER JONES 2023 RUE DE ST TROPEZ AUSTIN, TX 78746	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3812	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery
JOHN HUNTER JONES 2023 RUE DE ST TROPEZ AUSTIN, TX 78746	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



Batch #: 2191
 Article #: 71106605959000123812
 Date/Time: 8/31/2010 12:09:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postmark Here

Code: Allocation Project - D.Howell

JOHN I SHAW JR TRUST UAD JAN 2 1957
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438



7110 6605 9590 0012 3829

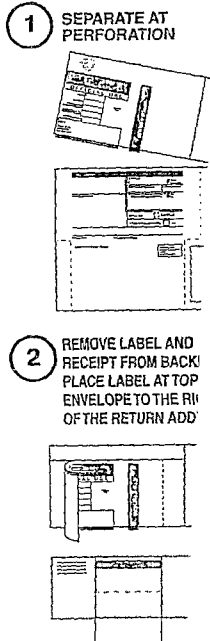
JOHN I SHAW JR TRUST UAD JAN 2 1957
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

Batch #: 2192
 Article #: 71106605959000123829
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

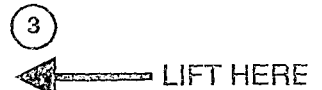
Reorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3829	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN I SHAW JR TRUST UAD JAN 2 1957 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3829	A. Signature X <i>John I Shaw</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN I SHAW JR TRUST UAD JAN 2 1957 THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438		9-4-10
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2192
 Article #: 71106605959000123829
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:

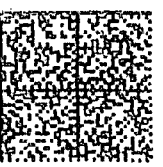


San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

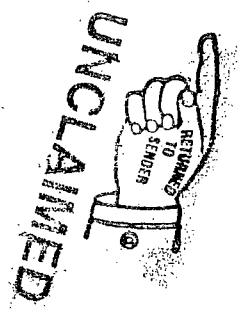
ConocoPhillips

GENERALIZED MAIL

7110 6605 9590 0012 3836



UNITED STATES
02 1R
000655
MAILED



JOHN J WAFER
5229 144TH PL NE
MARYSVILLE, WA 98271-9231

RVC
9/4/02



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

Postmark Here

JOHN L GRAY
 C/O TRUST MIN SEC 1049310
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3843

JOHN L GRAY
 C/O TRUST MIN SEC 1049310
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Batch #: 2192
 Article #: 71106605959000123843
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-9 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3843

1. Article Addressed to:

JOHN L GRAY
 C/O TRUST MIN SEC 1049310
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

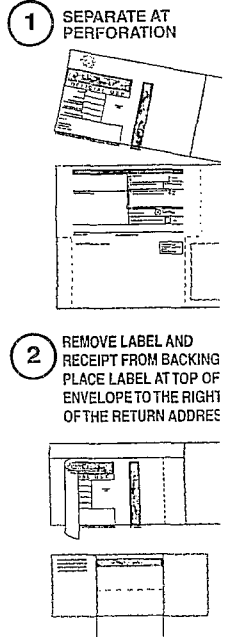
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3843

1. Article Addressed to:

JOHN L GRAY
 C/O TRUST MIN SEC 1049310
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123843
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

sent To **JOHN L MOSS**
 16874A N HWY 550
 AZTEC, NM 87410

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3850

JOHN L MOSS
 16874A N HWY 550
 AZTEC, NM 87410

Batch #: 2192
 Article #: 71106605959000123850
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-Rev. 01/07

2. Article Number

7110 6605 9590 0012 3850

1. Article Addressed to:

JOHN L MOSS
 16874A N HWY 550
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

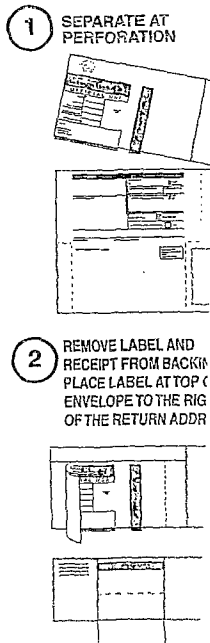
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3850

1. Article Addressed to:

JOHN L MOSS
 16874A N HWY 550
 AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123850
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



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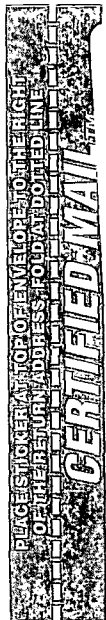
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

Delivered To: **JOHN L TURNER**
PO BOX 329
PORT ARANSAS, TX 78373

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3867

JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Batch #: 2192
 Article #: 71106605959000123867
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-24 rev. 01/07

2. Article Number

7110 6605 9590 0012 3867

1. Article Addressed to:

JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

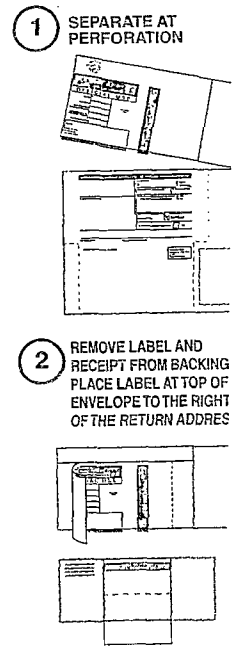
A. Signature Agent Addressee
X

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3867

1. Article Addressed to:

JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *John L Turner*

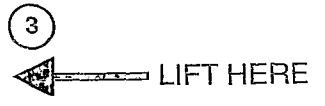
B. Received by (Printed Name) C. Date of Delivery
 9-14-10

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123867
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 3874

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

Postage to: **JOHN L. LANCASTER, III**
 6000 INTERFIRST PLAZA
 901 MAIN STREET
 DALLAS, TX 75202

PS Form 3811, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3874

JOHN L. LANCASTER, III
 6000 INTERFIRST PLAZA
 901 MAIN STREET
 DALLAS, TX 75202

Batch #: 2192
 Article #: 71106605959000123874
 Date/Time: 8/31/2010 12:16:09 PM
 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 3874

1. Article Addressed to:
JOHN L. LANCASTER, III
 6000 INTERFIRST PLAZA
 901 MAIN STREET
 DALLAS, TX 75202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

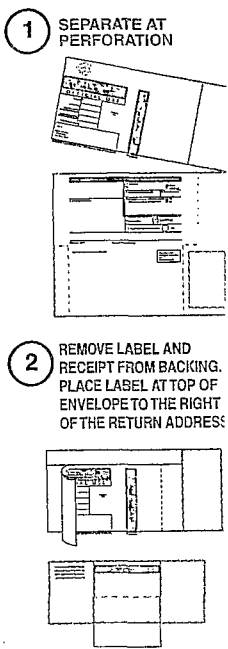
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 3874

1. Article Addressed to:
JOHN L. LANCASTER, III
 6000 INTERFIRST PLAZA
 901 MAIN STREET
 DALLAS, TX 75202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery
 LANCASTER, JOHN L. III 8-31-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123874
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3881

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

sent To: **JOHN LEE TURNER**
PO BOX 329
PORT ARANSAS, TX 78373

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3881

JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Batch #: 2192
 Article #: 71106605959000123881
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-001 rev. 01/07

2. Article Number

7110 6605 9590 0012 3881

1. Article Addressed to:

JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

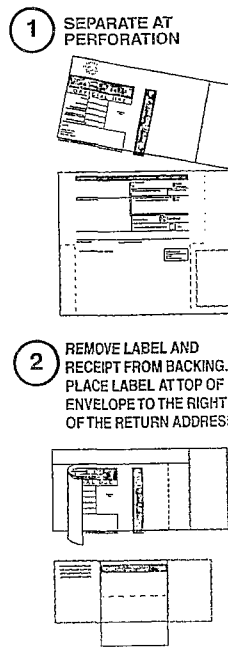
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3881

1. Article Addressed to:

JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery
 9-14-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123881
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 3898

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

sent To **JOHN MEADE**
101 MIMOSA
SILSBEE, TX 77656

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3898

JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

Batch #: 2192
 Article #: 71106605959000123898
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-95 rev. 01/07

2. Article Number

7110 6605 9590 0012 3898

1. Article Addressed to:

JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

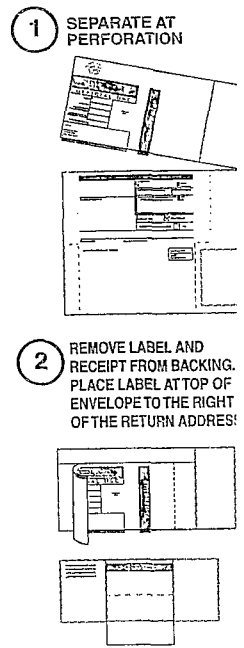
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3898

1. Article Addressed to:

JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Meade* Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123898
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





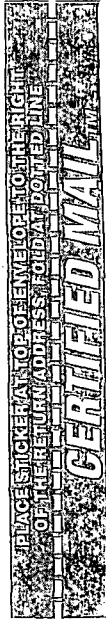
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Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To
 JOHN P CUNNINGHAM
 5227 E CALLE REDONDO
 PHOENIX, AZ 85018

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3904

JOHN P CUNNINGHAM
 5227 E CALLE REDONDO
 PHOENIX, AZ 85018

Batch #: 2192
 Article #: 71106605959000123904
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Recorder Form LCD rev. 01/07

2. Article Number
 7110 6605 9590 0012 3904

1. Article Addressed to:
 JOHN P CUNNINGHAM
 5227 E CALLE REDONDO
 PHOENIX, AZ 85018

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

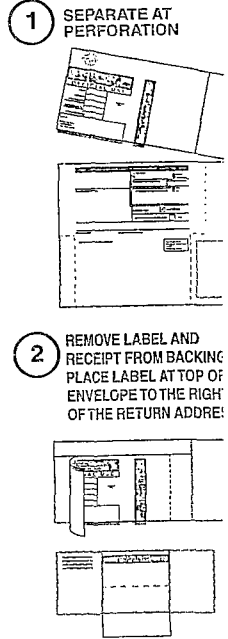
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 3904

1. Article Addressed to:
 JOHN P CUNNINGHAM
 5227 E CALLE REDONDO
 PHOENIX, AZ 85018

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

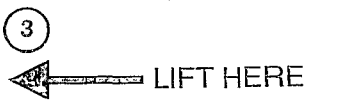
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123904
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

Postage to: **JOHN PATRICK WILLIAMS LIV TR DTD 8/**
321 CLARK DR
AZTEC, NM 87410

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3911

JOHN PATRICK WILLIAMS LIV TR DTD 8/
 321 CLARK DR
 AZTEC, NM 87410

Batch #: 2192
 Article #: 71106605959000123911
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2 Article Number
 7110 6605 9590 0012 3911

1. Article Addressed to:
JOHN PATRICK WILLIAMS LIV TR DTD 8/
321 CLARK DR
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

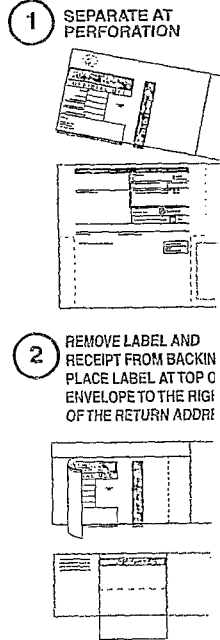
A. Signature: **X** Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number
 7110 6605 9590 0012 3911

1. Article Addressed to:
JOHN PATRICK WILLIAMS LIV TR DTD 8/
321 CLARK DR
AZTEC, NM 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *John P. Williams* Agent Addressee

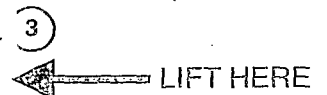
B. Received by (Printed Name) C. Date of Delivery
John P. Williams **9-3-10**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123911
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 3928

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

sent To
JOHN PETTUS
 800 S. CAMINO DEL RIO
 DURANGO, CO 87410

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3928

JOHN PETTUS
 800 S. CAMINO DEL RIO
 DURANGO, CO 87410

Batch #: 2192
 Article #: 71106605959000123928
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number
 7110 6605 9590 0012 3928

1. Article Addressed to:
JOHN PETTUS
 800 S. CAMINO DEL RIO
 DURANGO, CO 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

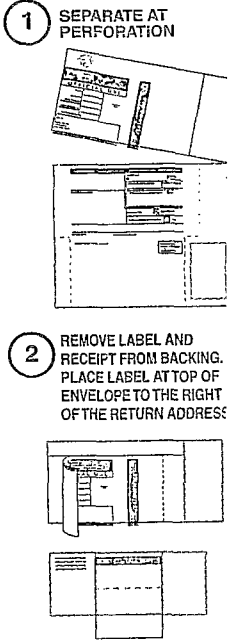
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 3928

1. Article Addressed to:
JOHN PETTUS
 800 S. CAMINO DEL RIO
 DURANGO, CO 87410

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Kelly Roth

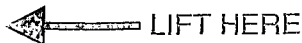
B. Received by (Printed Name) C. Date of Delivery
KELLY ROTH 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123928
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

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

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3935

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

Batch #: 2192
 Article #: 71106605959000123935
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 3935

1. Article Addressed to:

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

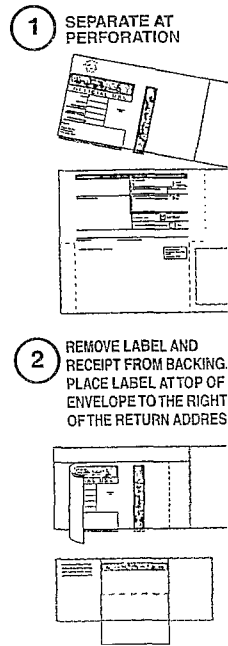
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article

7110 6605 9590 0012 3935

1. Article Addressed to:

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

Code: Allocation Project - D.Howell

X *John Brennan* Addressee

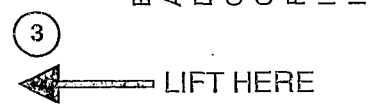
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123935
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3942

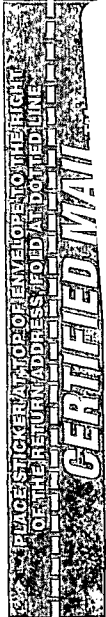
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

Send To: **JOHN S BROWN JR**
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3942

JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

Batch #: 2192
 Article #: 71106605959000123942
 Date/Time: 8/31/2010 12:16:09 PM
 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 3942

1. Article Addressed to:

JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

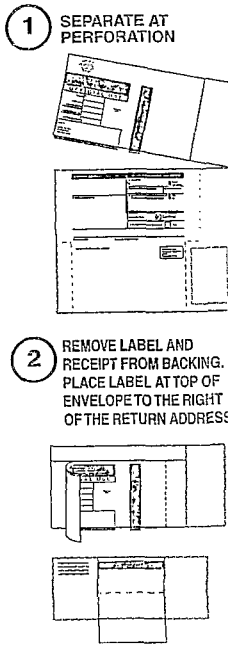
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3942

1. Article Addressed to:

JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X *Marisa Weck*

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

Marisa Weck *8/31/10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000123942
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3959

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

Post To: **JOHN S CATRON REVOCABLE TRUST**
PO BOX 788
SANTA FE, NM 87504

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3959

JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504

Batch #: 2192
Article #: 71106605959000123959
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3959

1. Article Addressed to:

JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

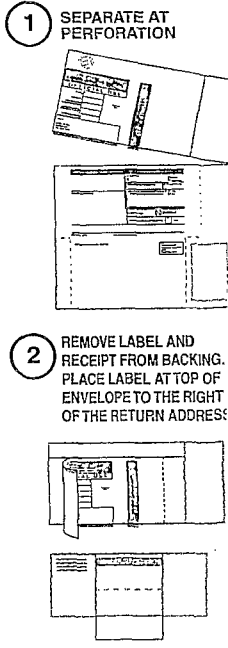
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3959

1. Article Addressed to:

JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

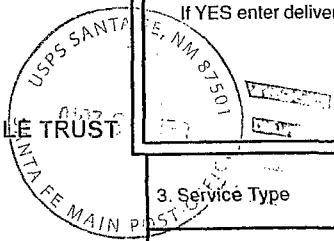
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2192
Article #: 71106605959000123959
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 3966

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

Delivered To
JOHN S ROACH
 3120 SW SENA DR
 TOPEKA, KS 66604-1640

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3966

JOHN S ROACH
 3120 SW SENA DR
 TOPEKA, KS 66604-1640

Batch #: 2192
 Article #: 71106605959000123966
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-3800 rev. 01/07

2. Article Number
 7110 6605 9590 0012 3966

1. Article Addressed to:
JOHN S ROACH
 3120 SW SENA DR
 TOPEKA, KS 66604-1640

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

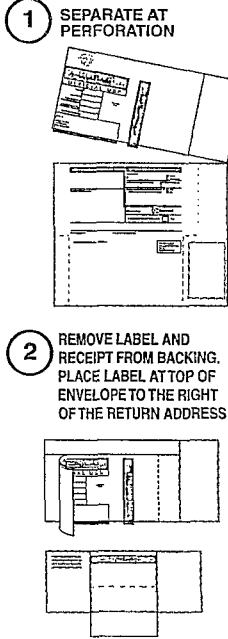
A. Signature Agent Addressee
X

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

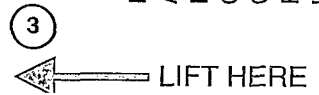
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 USPS
 Permit No. G-10

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

Batch #: 2192
 Article #: 71106605959000123966
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 3973

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

Delivered To
JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3973

JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Batch #: 2192
Article #: 71106605959000123973
Date/Time: 8/31/2010 12:16:09 PM
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 3973

1. Article Addressed to:

JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

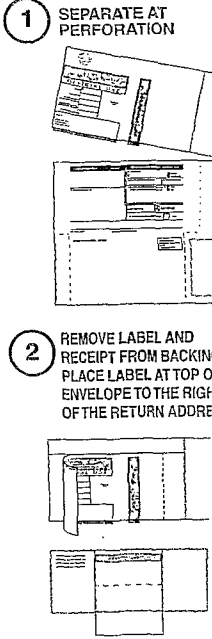
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 3973

1. Article Addressed to:

JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

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

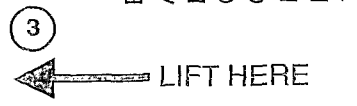
John Watson *9/4/10*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
Article #: 71106605959000123973
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 3980

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

Postmark Here

Post To: JOHN SHEPHERD BRAINARD
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Post Office: [blank]
 Street, Apt. No., PO Box No., City, State, Zip+4

PS Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3980

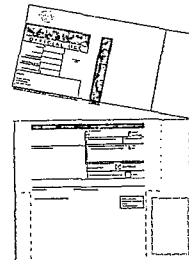
JOHN SHEPHERD BRAINARD
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Batch #: 2192
 Article #: 71106605959000123980
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

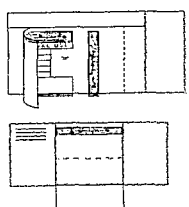
Reorder Form LCD-811, rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3980	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN SHEPHERD BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3980	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN SHEPHERD BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2192
 Article #: 71106605959000123980
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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7110 6605 9590 0012 3997

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

Delivered to: **JOHN W BARRINGER**
 1054 LYNNWOOD BLVD
 NASHVILLE, TN 37215-4512

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3997

JOHN W BARRINGER
 1054 LYNNWOOD BLVD
 NASHVILLE, TN 37215-4512

Batch #: 2192
 Article #: 71106605959000123997
 Date/Time: 8/31/2010 12:16:09 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD- rev. 01/07

2. Article Number:
 7110 6605 9590 0012 3997

1. Article Addressed to:
JOHN W BARRINGER
 1054 LYNNWOOD BLVD
 NASHVILLE, TN 37215-4512

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

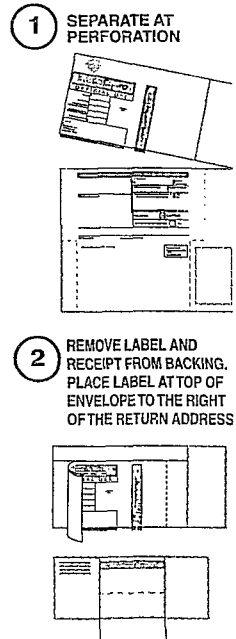
A. Signature: **X** Agent Addressee

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

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

3. Service Type: **Certified**

4. Restricted Delivery? (Extra Fee) Yes



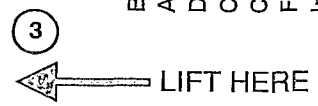
PS Form 3811 Domestic Return Receipt

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 #: 2192
 Article #: 71106605959000123997
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4000

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

Send To
JOHNNY MARTINEZ
 2308 E 10TH ST
 FARMINGTON, NM 87401

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4000

JOHNNY MARTINEZ
 2308 E 10TH ST
 FARMINGTON, NM 87401

Batch #: 2192
 Article #: 71106605959000124000
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, rev. 01/07

2 Article Number

7110 6605 9590 0012 4000

1. Article Addressed to:

JOHNNY MARTINEZ
 2308 E 10TH ST
 FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

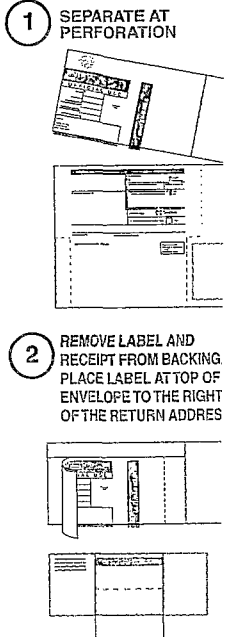
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 4000

1. Article Addressed to:

JOHNNY MARTINEZ
 2308 E 10TH ST
 FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

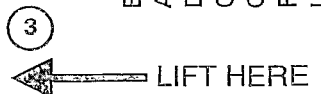
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124000
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4017

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

Postment To
 Jon E Kalb
 2207 SUNNY SLOPE DR
 AUSTIN, TX 78703

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4017

JON E KALB
 2207 SUNNY SLOPE DR
 AUSTIN, TX 78703

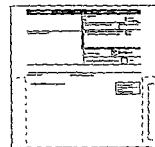
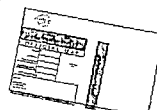
Batch #: 2192
 Article #: 71106605959000124017
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006, See Reverse for Instructions

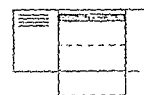
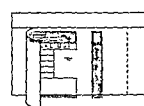
Reorder Form LCD-8 01/07

2 Article Number 7110 6605 9590 0012 4017	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: JON E KALB 2207 SUNNY SLOPE DR AUSTIN, TX 78703	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

1 SEPARATE AT PERFORATION



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



2 Article Number 7110 6605 9590 0012 4017	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: JON E KALB 2207 SUNNY SLOPE DR AUSTIN, TX 78703	A. Signature X <i>Jon E Kalb</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Jon E Kalb</i>	C. Date of Delivery <i>9-7-10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2192
 Article #: 71106605959000124017
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:

3

LIFT HERE



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7110 6605 9590 0012 4024

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

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

JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

Form 3811, August 2005. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4024

JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

Batch #: 2192
 Article #: 71106605959000124024
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number

7110 6605 9590 0012 4024

1. Article Addressed to:

JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

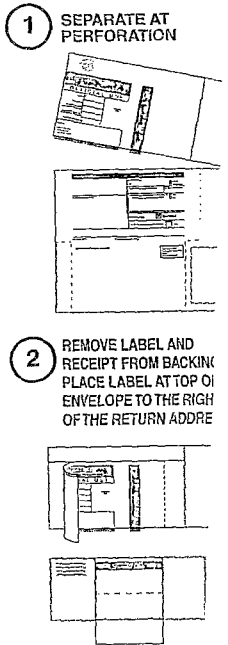
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4024

1. Article Addressed to:

JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Jon Anderson Addressee

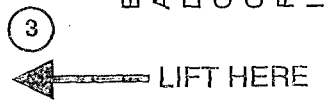
B. Received by (Printed Name) C. Date of Delivery
 Jon Anderson 9/4/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124024
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4031

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

sent To
 Street, Apt. No., PO Box No., City, State, Zip+4
JORGENSEN FAMILY TRUST JUNE 7 1996
5728 E FARM RD 168
ROGERSVILLE, MO 65742

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



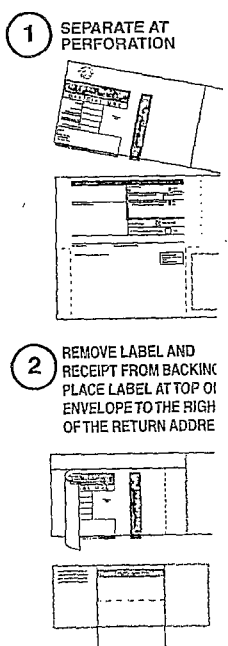
7110 6605 9590 0012 4031

JORGENSEN FAMILY TRUST JUNE 7 1996
 5728 E FARM RD 168
 ROGERSVILLE, MO 65742

Batch #: 2192
 Article #: 71106605959000124031
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

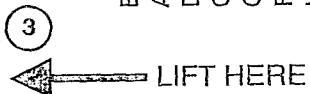
Reorder Form LCD-8 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4031		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
JORGENSEN FAMILY TRUST JUNE 7 1996 5728 E FARM RD 168 ROGERSVILLE, MO 65742		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4031		A. Signature X <i>Richard A. Barnes</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:		B. Received by (Printed Name) <i>Richard A. Barnes</i>	C. Date of Delivery <i>9/1/09</i>
JORGENSEN FAMILY TRUST JUNE 7 1996 5728 E FARM RD 168 ROGERSVILLE, MO 65742		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type	<input checked="" type="checkbox"/> Certified
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2192
 Article #: 71106605959000124031
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4048

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

Int To
 JOSE E & CLARA E GOMEZ LVG TR 4 18
 PO BOX 520
 AZTEC, NM 87410-0520

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



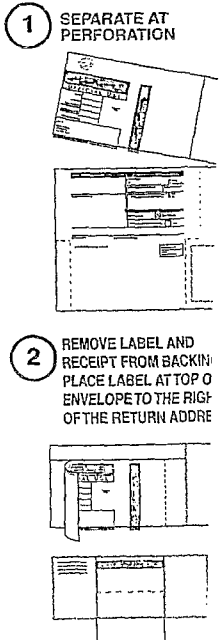
7110 6605 9590 0012 4048

JOSE E & CLARA E GOMEZ LVG TR 4 18
 PO BOX 520
 AZTEC, NM 87410-0520

Batch #: 2192
 Article #: 71106605959000124048
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

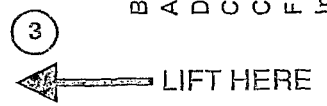
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4048	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOSE E & CLARA E GOMEZ LVG TR 4 18 PO BOX 520 AZTEC, NM 87410-0520	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4048	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOSE E & CLARA E GOMEZ LVG TR 4 18 PO BOX 520 AZTEC, NM 87410-0520	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2192
 Article #: 71106605959000124048
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4055

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

sent To: **JOSE E GOMEZ TRUST DTD 9/8/2004**
 Street, Apt. No.: **PO BOX 1053**
 PO Box No.: **DULCE, NM 87528**
 City, State, Zip+4:

Form 3811, August 2006. See reverse for instructions.

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4055

JOSE E GOMEZ TRUST DTD 9/8/2004
 PO BOX 1053
 DULCE, NM 87528

Batch #: 2192
 Article #: 71106605959000124055
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number
 7110 6605 9590 0012 4055

1. Article Addressed to:
JOSE E GOMEZ TRUST DTD 9/8/2004
PO BOX 1053
DULCE, NM 87528

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

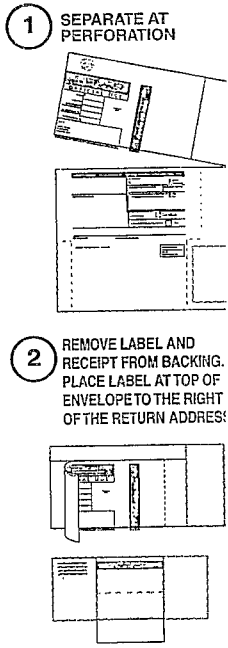
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 4055

1. Article Addressed to:
JOSE E GOMEZ TRUST DTD 9/8/2004
PO BOX 1053
DULCE, NM 87528

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

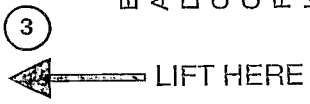
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124055
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4062

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

Postmark Here

Post To: JOSE M SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

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

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4062

JOSE M SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Batch #: 2192
 Article #: 71106605959000124062
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 4062

1. Article Addressed to:

JOSE M SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

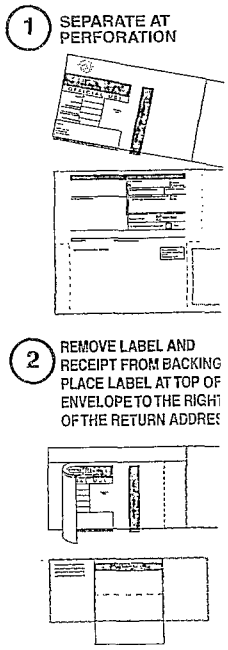
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 4062

1. Article Addressed to:

JOSE M SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124062
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



- Not Deliverable As Addressed
- Unable To Forward
- Invalid/Incorrect Address
- Addressed, Left No Address
- Addressed, No Return Address
- No Such Street Or City
- Invalid Zip Code
- Invalid Post Office
- Invalid Post Office/Zip Code
- Return To

JOSE MARIA ABEYTA
 PO BOX 102
 LOS-OJOS, NM 87551

Deceased

A2 9/1/17



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7110 6605 9590 0012 4079

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

Postmark Here

Send To
 JOSE N SENA
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

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 4079

JOSE N SENA
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Batch #: 2192
 Article #: 71106605959000124079
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2 Article Number

7110 6605 9590 0012 4079

1. Article Addressed to:

JOSE N SENA
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

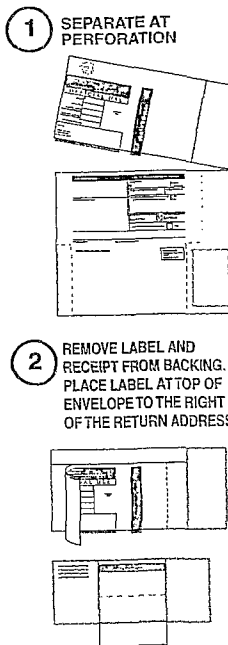
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 4079

1. Article Addressed to:

JOSE N SENA
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2192
 Article #: 71106605959000124079
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

← LIFT HERE



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7110 6605 9590 0013 3613

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

sent To **JOSE R HERNANDEZ**
PO BOX 1432
MOSES LAKE, WA 98837

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

Form 3800, August 2006. See Reverse for Instructions

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

7110 6605 9590 0013 3613

JOSE R HERNANDEZ
 PO BOX 1432

MOSES LAKE, WA 98837

Batch #: 2272
 Article #: 71106605959000133613
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-3 rev. 01/07

2. Article Number

7110 6605 9590 0013 3613

1. Article Addressed to:

JOSE R HERNANDEZ
PO BOX 1432
MOSES LAKE, WA 98837

COMPLETE THIS SECTION ON DELIVERY

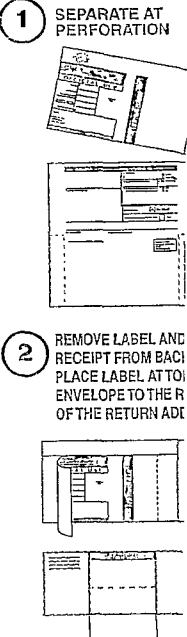
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3613

1. Article Addressed to:

JOSE R HERNANDEZ
PO BOX 1432
MOSES LAKE, WA 98837

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Jose R. Hernandez*

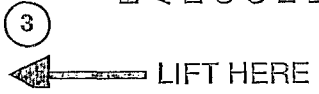
B. Received by (Printed Name) C. Date of Delivery
9/15/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133613
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4086

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

Send To
JOSEPH C JASTRZEMBSKI
 911 1ST ST NE
 MINOT, ND 58703-2426

Form 3800, August 2006 See reverse for instructions



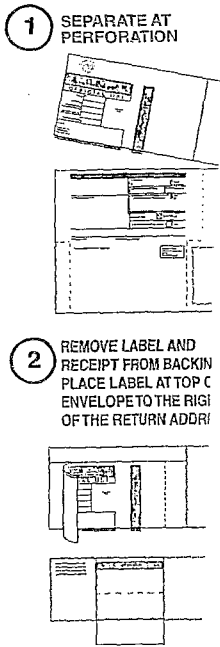
7110 6605 9590 0012 4086

JOSEPH C JASTRZEMBSKI
 911 1ST ST NE
 MINOT, ND 58703-2426

Batch #: 2192
 Article #: 71106605959000124086
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

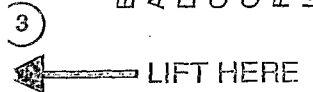
Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4086	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOSEPH C JASTRZEMBSKI 911 1ST ST NE MINOT, ND 58703-2426		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4086	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOSEPH C JASTRZEMBSKI 911 1ST ST NE MINOT, ND 58703-2426	Joseph C Jastrzembski	SEP - 8 2010
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2192
 Article #: 71106605959000124086
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0013 3620

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

sent To **JOSEPH MARTINEZ**
550 CANAVERAL GROVES BLVD
 Street, Apt. No.;
 PO Box No.
 City, State, Zip+4 **COCOA, FL 32926-4606**

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
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7110 6605 9590 0013 3620

JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD
COCOA, FL 32926-4606

Batch #: 2272
 Article #: 71106605959000133620
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Recorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0013 3620

1. Article Addressed to:

JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD
COCOA, FL 32926-4606

COMPLETE THIS SECTION ON DELIVERY

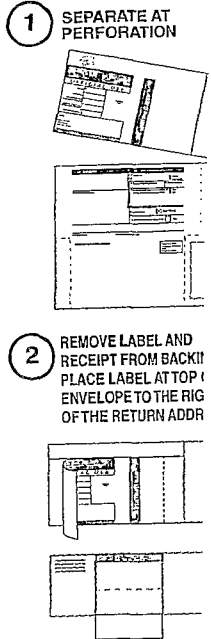
A. Signature Agent
X Addressee

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3620

1. Article Addressed to:

JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD
COCOA, FL 32926-4606

COMPLETE THIS SECTION ON DELIVERY

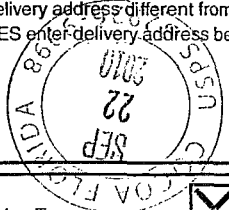
A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Joseph Martinez **9-22-10**

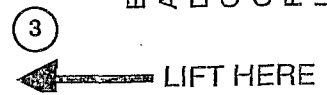
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2272
 Article #: 71106605959000133620
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4093

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

Post To
JOSEPH RICHARD NICKSON TRUST
 205 WEST 19TH ST APT 10F
 NEW YORK, NY 10011

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



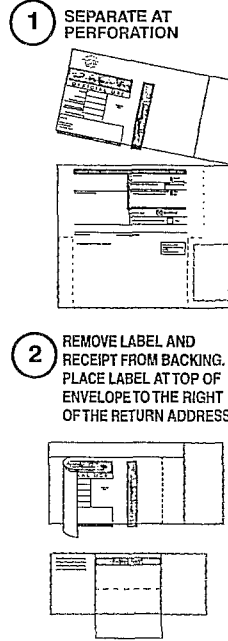
7110 6605 9590 0012 4093

JOSEPH RICHARD NICKSON TRUST
 205 WEST 19TH ST APT 10F
 NEW YORK, NY 10011

Batch #: 2192
 Article #: 71106605959000124093
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4093	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: JOSEPH RICHARD NICKSON TRUST 205 WEST 19TH ST APT 10F NEW YORK, NY 10011	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2192
 Article #: 71106605959000124093
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE



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7110 6605 9590 0013 3637

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

sent To **JOSEPH W ESPINOSA**
PO BOX 704
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4 **PAGOSA SPRINGS, CO 81147**

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 3637

JOSEPH W ESPINOSA
PO BOX 704

PAGOSA SPRINGS, CO 81147

Batch #: 2272
 Article #: 71106605959000133637
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 3637

1. Article Addressed to:

JOSEPH W ESPINOSA
PO BOX 704
PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

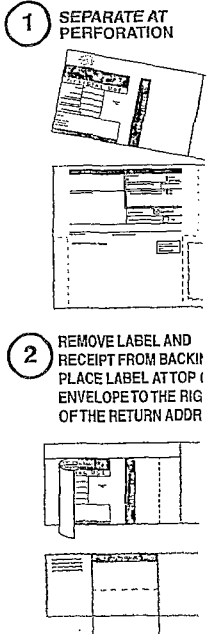
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3637

1. Article Addressed to:

JOSEPH W ESPINOSA
PO BOX 704
PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Joseph Espinosa Addressee

B. Received by (Printed Name) C. Date of Delivery
Joseph Espinosa *9/22*

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133637
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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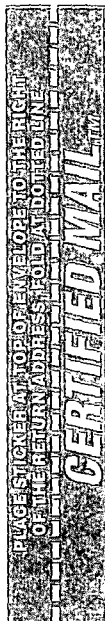
7110 6605 9590 0012 4109

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

Postmark Here

Content To: **JOSHUA HAUSER**
14601 BIXBY DR
WESTFIELD, IN 46074

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4109

JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

Batch #: 2192
 Article #: 71106605959000124109
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD-8 01/07

2. Article Number

7110 6605 9590 0012 4109

1. Article Addressed to:

JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

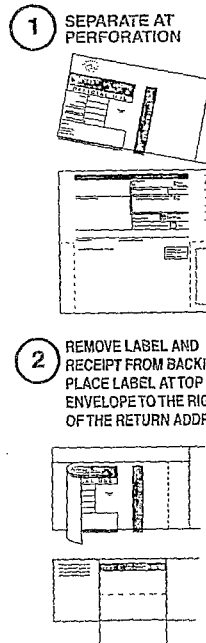
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4109

1. Article Addressed to:

JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Shanda Hauser*

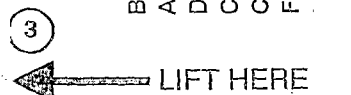
B. Received by (Printed Name) C. Date of Delivery

9/14/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2192
 Article #: 71106605959000124109
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:



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7110 6605 9590 0013 2975

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

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

JRB INVESTMENTS LLC
 C/O REYNOLDS, HIX, & CO., P.A.
 6729 ACADEMY RD NE STE D
 ALBUQUERQUE, NM 87109

PS Form 3800, August 2006 See Reverse for Instructions

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

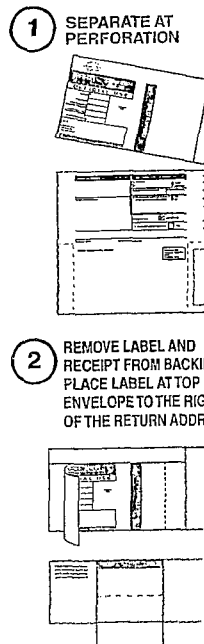
7110 6605 9590 0013 2975

JRB INVESTMENTS LLC
 C/O REYNOLDS, HIX, & CO., P.A.
 6729 ACADEMY RD NE STE D
 ALBUQUERQUE, NM 87109

Batch #: 2269
 Article #: 71106605959000132975
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2975	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JRB INVESTMENTS LLC C/O REYNOLDS, HIX, & CO., P.A. 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



2 Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 2975	A. Signature x Cheryl Good	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) Cheryl Good	C. Date of Delivery 9/14/10
JRB INVESTMENTS LLC C/O REYNOLDS, HIX, & CO., P.A. 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2269
 Article #: 71106605959000132975
 Date/Time: 9/14/2010 2:59:26 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 4116

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

Delivered To: **JOYCE K ATTEBURY**
 3202 LIPSCOMB
 AMARILLO, TX 79109-3536

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4116

JOYCE K ATTEBURY
 3202 LIPSCOMB
 AMARILLO, TX 79109-3536

Batch #: 2192
 Article #: 71106605959000124116
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 rev. 01/07

1. Article Number
 7110 6605 9590 0012 4116

1. Article Addressed to:
JOYCE K ATTEBURY
 3202 LIPSCOMB
 AMARILLO, TX 79109-3536

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

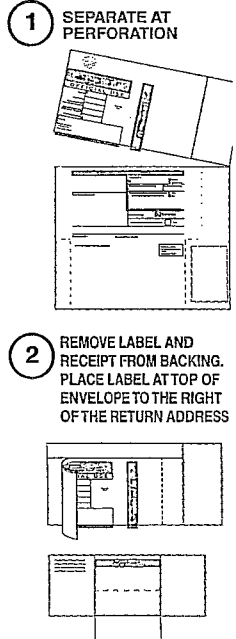
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

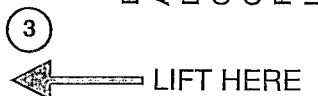
UNITED STATES POSTAL SERVICE



First-Class Mail
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 USPS
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Lisa Hunter, Land Department
 SJBU ConocoPhillips
 P.O. Box 4289
 Farmington, NM 87499

Batch #: 2192
 Article #: 71106605959000124116
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 4123

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

Delivered To: JPT FAMILY JV 1
 C/O JPMORGAN CHASE BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4123

JPT FAMILY JV 1
 C/O JPMORGAN CHASE BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Batch #: 2192
 Article #: 71106605959000124123
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8 v. 01/07

2 Article Number

7110 6605 9590 0012 4123

1. Article Addressed to:

JPT FAMILY JV 1
 C/O JPMORGAN CHASE BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

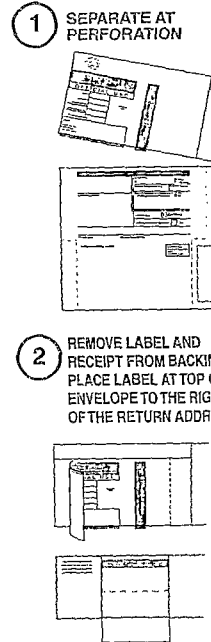
A. Signature Agent Addressee
 X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 4123

1. Article Addressed to:

JPT FAMILY JV 1
 C/O JPMORGAN CHASE BANK
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

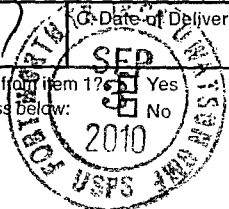
A. Signature Agent Addressee
 X

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

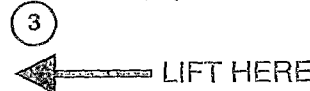
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2192
 Article #: 71106605959000124123
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 4130

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

Post To: **JUAN C GOMEZ JR**
P O BOX 1238
AZTEC, NM 87410-1238

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4130

JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

Batch #: 2192
 Article #: 71106605959000124130
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 4130

1. Article Addressed to:

JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

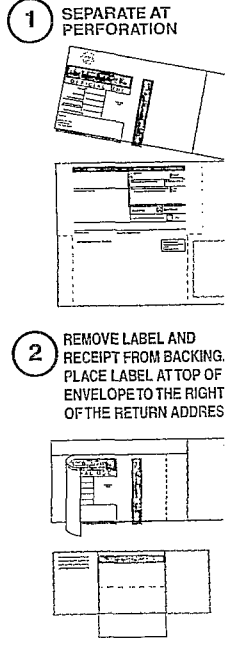
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4130

1. Article Addressed to:

JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Melissa G. Atchley

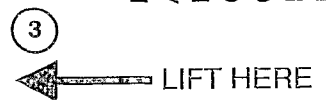
B. Received by (Printed Name) C. Date of Delivery
Melissa G. Atchley 9-3-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124130
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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 7110 6605 9590 0012 4147

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

Postmark Here

Post to
 Juan R MONTANO REVOCABLE TRUST
 10405 CALLE CONTENTO NW
 ALBUQUERQUE, NM 87114

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



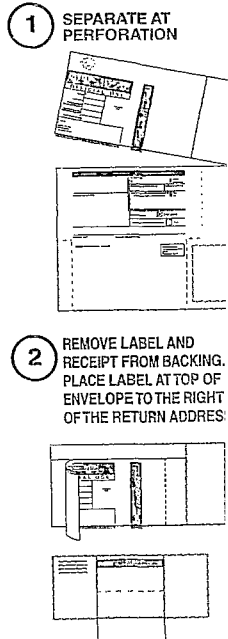
7110 6605 9590 0012 4147

JUAN R MONTANO REVOCABLE TRUST
 10405 CALLE CONTENTO NW
 ALBUQUERQUE, NM 87114

Batch #: 2192
 Article #: 71106605959000124147
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

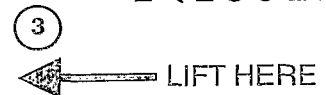
Reorder Form LCD 3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 4147	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: JUAN R MONTANO REVOCABLE TRUS 10405 CALLE CONTENTO NW ALBUQUERQUE, NM 87114	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		



2. Article Number 7110 6605 9590 0012 4147	COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: JUAN R MONTANO REVOCABLE TRUS 10405 CALLE CONTENTO NW ALBUQUERQUE, NM 87114	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>BRYAN PADILLA</i>	C. Date of Delivery <i>9/5/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
Code: Allocation Project - D.Howell		

Batch #: 2192
 Article #: 71106605959000124147
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4154

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

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

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

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 4154

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

Batch #: 2192
 Article #: 71106605959000124154
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4154

1. Article Addressed to:

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

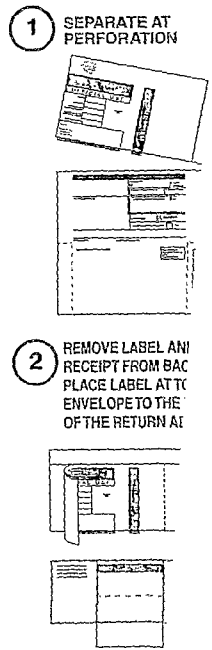
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 4154

1. Article Addressed to:

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Juanita Peterson*

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

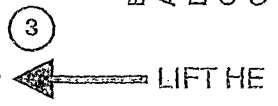
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124154
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:



LIFT HERE



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7110 6605 9590 0013 3644

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

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

JUANITA WALTERS
5441 WAYSIDE
FORT WORTH, TX 76134

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 3644

JUANITA WALTERS
5441 WAYSIDE
FORT WORTH, TX 76134

Batch #: 2272
 Article #: 71106605959000133644
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0013 3644

1. Article Addressed to:

JUANITA WALTERS
5441 WAYSIDE
FORT WORTH, TX 76134

COMPLETE THIS SECTION ON DELIVERY

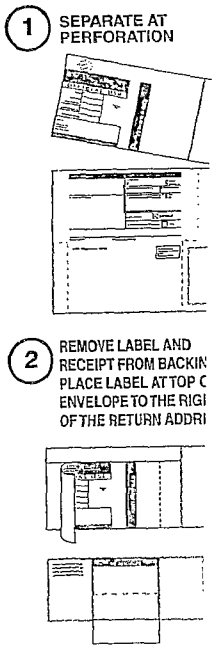
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3644

1. Article Addressed to:

JUANITA WALTERS
5441 WAYSIDE
FORT WORTH, TX 76134

COMPLETE THIS SECTION ON DELIVERY

A. Signatüre Agent
X *Juanita Walters* Addressee

B. Received by (Printed Name) C. Date of Delivery
Juanita Walters 9-17-2010

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133644
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 4161

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

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

JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4161

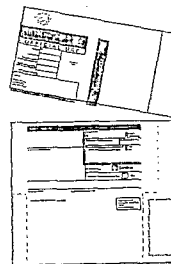
JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

Batch #: 2192
 Article #: 71106605959000124161
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

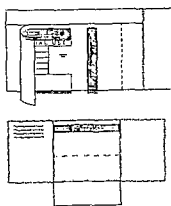
Reorder Form LCD-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4161	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JUDITH GENE HANTTULA 704 RIVERSIDE DRIVE CARLSBAD, NM 88220	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

1 SEPARATE AT PERFORATION



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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4161	A. Signature X <i>Judy Hanttula</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JUDITH GENE HANTTULA 704 RIVERSIDE DRIVE CARLSBAD, NM 88220	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type	<input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes



3



Batch #: 2192
 Article #: 71106605959000124161
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0013 3651

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

ent To **JUDY A LAYLAND**
3435 WILSHIRE BLVD STE 107
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4 **LOS ANGELES, CA 90010-1902**

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3651

JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107
LOS ANGELES, CA 90010-1902

Batch #: 2272
 Article #: 71106605959000133651
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3651

1. Article Addressed to:

JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107
LOS ANGELES, CA 90010-1902

COMPLETE THIS SECTION ON DELIVERY

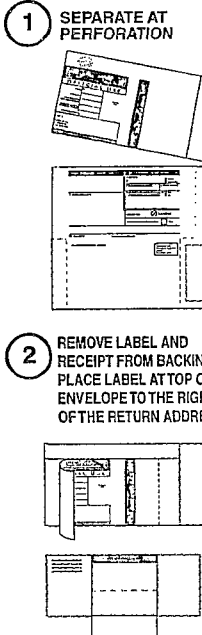
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3651

1. Article Addressed to:

JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107
LOS ANGELES, CA 90010-1902

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

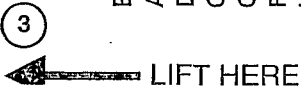
B. Received by (Printed Name) C. Date of Delivery
 9/21/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2272
 Article #: 71106605959000133651
 Date/Time: 9/14/2010 3:26:44 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 4178

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

Postmark Here

Postage to: JUDITH SHAW TRUST
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

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

Form 3811, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4178

JUDITH SHAW TRUST
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

Batch #: 2192
 Article #: 71106605959000124178
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD, rev. 01/07

2. Article Number

7110 6605 9590 0012 4178

1. Article Addressed to:

JUDITH SHAW TRUST
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

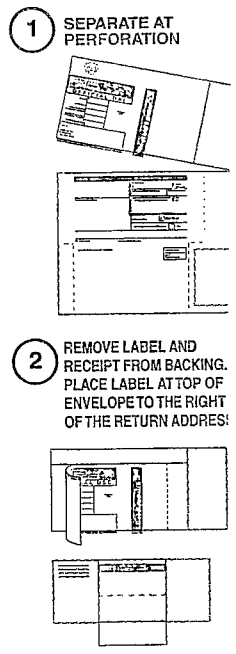
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 4178

1. Article Addressed to:

JUDITH SHAW TRUST
 THOMASVILLE ROUTE
 HC 3 BOX 60 B
 BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Judith Shaw*

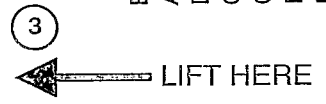
B. Received by (Printed Name) C. Date of Delivery
 9-4-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2192
 Article #: 71106605959000124178
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Business U
289
in NM 8749

nocoPhillips

7110 6605 9590 0012 4165

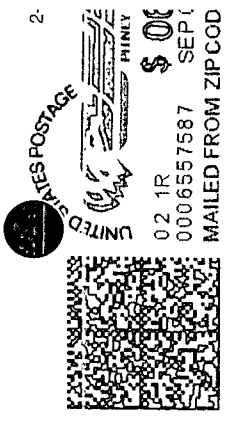
RECEIVED
SEP 13 AM.
By

**ATTEMPTED,
NOT KNOWN**

JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

NIXIE 3058 1 21 09/08/10

RETURN TO SENDER
ATTEMPTED-NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



**ATTEMPTED,
NOT KNOWN**
1st Notice



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

7110 6605 9590 0012 4185

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

Post to: **JULIE B WYCKOFF**
PO BOX 776
ASPEN, CO 81612

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4185

JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

Batch #: 2192
 Article #: 71106605959000124185
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4185	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: JULIE B WYCKOFF PO BOX 776 ASPEN, CO 81612	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

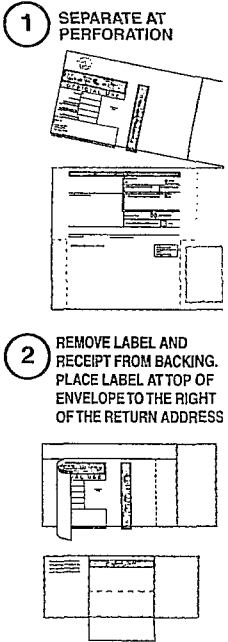
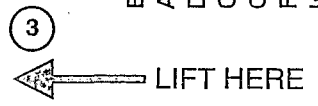
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2192
 Article #: 71106605959000124185
 Date/Time: 8/31/2010 12:16:10 PM
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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com

7110 6605 9590 0012 4192

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

Delivered To
JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

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 4192

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Batch #: 2192
 Article #: 71106605959000124192
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD 3800 rev. 01/07

2. Article Number

7110 6605 9590 0012 4192

1. Article Addressed to:

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

COMPLETE THIS SECTION ON DELIVERY.

A. Signature Agent Addressee
X

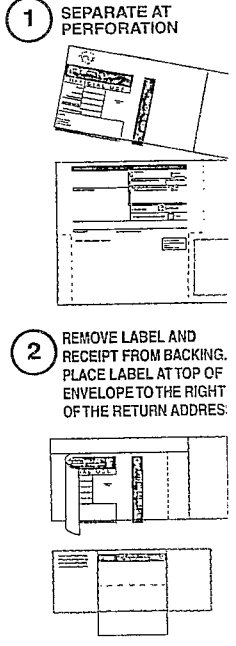
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell



2. Article Number

7110 6605 9590 0012 4192

1. Article Addressed to:

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

COMPLETE THIS SECTION ON DELIVERY.

A. Signature Agent Addressee
X *Jan Starnes*

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

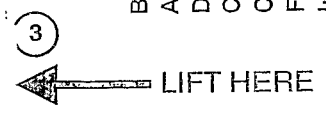
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2192
 Article #: 71106605959000124192
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 Information visit our website at www.usps.com

7110 6605 9590 0012 4208

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

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

JUNE SIMMONS LIVELY
3529 BELLAIRE DR N
FORT WORTH, TX 76109-2110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



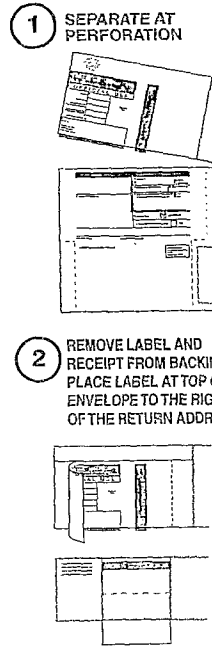
7110 6605 9590 0012 4208

JUNE SIMMONS LIVELY
3529 BELLAIRE DR N
FORT WORTH, TX 76109-2110

Batch #: 2192
 Article #: 71106605959000124208
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD - Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4208	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JUNE SIMMONS LIVELY 3529 BELLAIRE DR N FORT WORTH, TX 76109-2110	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4208	A. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JUNE SIMMONS LIVELY 3529 BELLAIRE DR N FORT WORTH, TX 76109-2110	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2192
 Article #: 71106605959000124208
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
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