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

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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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-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 2945

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

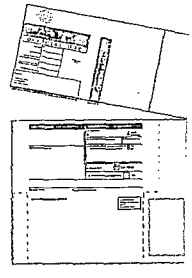
J BRYAN STEPHENSON
PO BOX 840738
DALLAS, TX 75284-0738

3. Service Type ☒ Certified

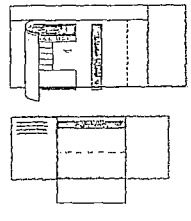
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2945

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery
SEP 0 5 2010

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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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7110 6605 9590 0012 2952

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

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City, State, Zip+4

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

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

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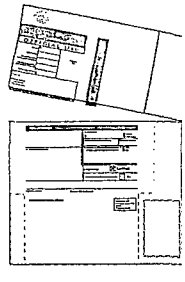
7110 6605 9590 0012 2952

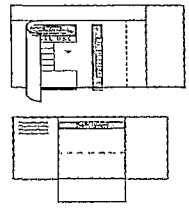
J BRYCE WYNNE LVG TRUST
2100 COBBLESTONE CT APT 115
EDMOND, OK 73034-4227

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2952	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: J BRYCE WYNNE LVG TRUST 2100 COBBLESTONE CT APT 115 EDMOND, OK 73034-4227	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

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Lisa Hunter, Land Department
SJBU ConocoPhillips
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 #:

3 LIFT HERE

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7110 6605 9590 0012 2969

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

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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

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 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-6 Rev. 01/07

2. Article Number

7110 6605 9590 0012 2969

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

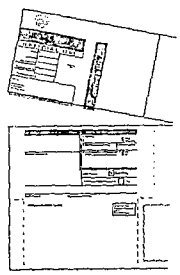
J FIDEL CANDELARIA & CORDELIA
OJO DE LA CUEVA
BLANCO, NM 87412

3. Service Type ☒ Certified

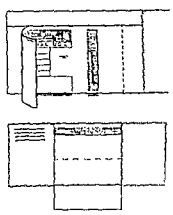
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2969

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Fidel Candelaria ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Fidel Candelaria | C. Date of Delivery 9.8.10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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City, State, Zip+4

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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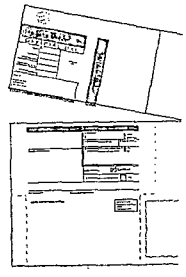
7110 6605 9590 0012 2976

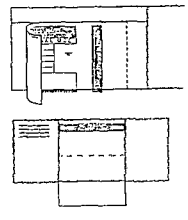
J GLENN TURNER JR
4809 COLE AVE, STE 212
DALLAS, TX 75205

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 2976

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2976

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laura Grimmer ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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City, State, Zip+4

J GREGORY MERRION & RITA V MERRION
610 REILLY AVE
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

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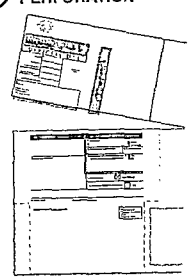
7110 6605 9590 0012 2983

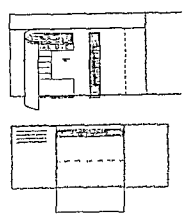
J GREGORY MERRION & RITA V MERRION
610 REILLY AVE
FARMINGTON, NM 87401

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 2983

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 2983

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P. Garcia ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) P. Garcia | C. Date of Delivery 9/2

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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

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

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 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-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 2990

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

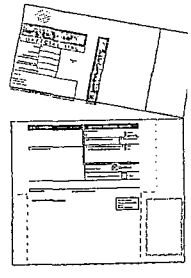
J ROBERT JONES CHARITABLE TRUST
5129 SUNMORE CIR STE 101
MIDLAND, TX 79707-5126

3. Service Type ☒ Certified

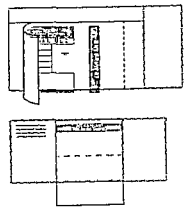
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 2990

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maryann Dzbinski ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Mary Ann Dzbinski C. Date of Delivery 9/3/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2191
Article #: 71106605959000122990
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 3010

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

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City, State, Zip+4

J. CHRIS CANDELARIA
PO BOX 348
BLANCO, NM 87412

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

CERTIFIED MAIL™

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 rev. 01/07

2. Article Number

7110 6605 9590 0012 3010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

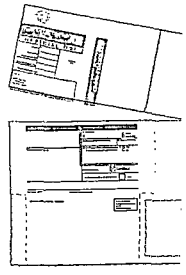
J. CHRIS CANDELARIA
PO BOX 348
BLANCO, NM 87412

3. Service Type ☒ Certified

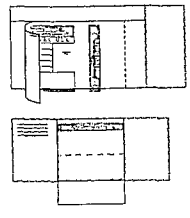
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3010

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

J. CHRIS CANDELARIA
PO BOX 348
BLANCO, NM 87412

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

BLANCO NM 87412 SEP - 3 2010 USPS

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3003

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

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City, State, Zip+4

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

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

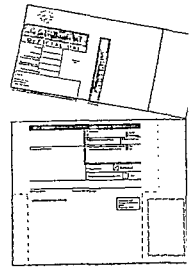
CERTIFIED MAIL™

7110 6605 9590 0012 3003

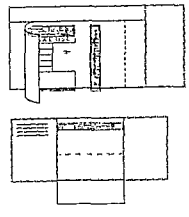
J&M RAYMOND LTD
RAYMOND AND SONS I, LLC
PO BOX 291445
KERRVILLE, TX 78029-1445

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 3003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Nicole Goverhan* ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3027

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

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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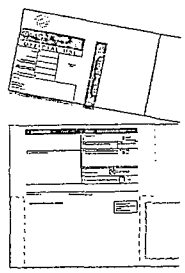
JABCO LLP
C/O BANK OF AMERICA NA
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2191
Article #: 71106605959000123027
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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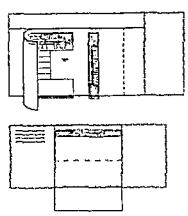

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 3027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Postmark Here

Sent To
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City, State, Zip+4

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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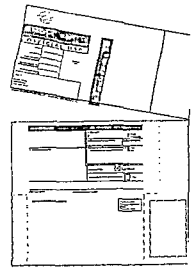
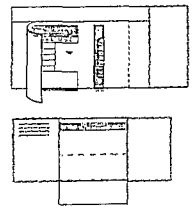
JACK B WILKINSON JR
P O BOX 305
MIDLAND, TX 79702

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

9-7-10

JACK WILKINSON

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

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City, State, Zip+4

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

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

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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 #:

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2. Article Number

7110 6605 9590 0012 3041

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

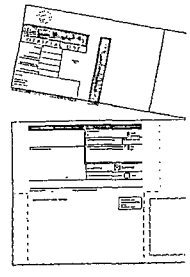
JACQUEZ WIESER TRUST
1446 DETROIT, APT 4
DENVER, CO 80206

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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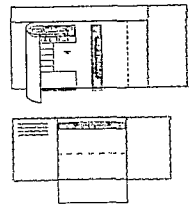

2. Article Number

7110 6605 9590 0012 3041

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nora Jacquez ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) NORA JACQUEZ | C. Date of Delivery 13 Sept 10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

DENVER CO SEP 15 '10 USPS

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

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City, State, Zip+4

JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

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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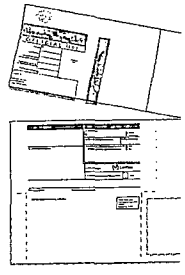
JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

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

1 SEPARATE AT PERFORATION



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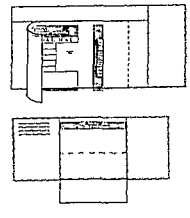

Reorder Form LCD 3800 rev. 01/07

2. Article Number

7110 6605 9590 0012 3058

1. Article Addressed to:

JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

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 3058

1. Article Addressed to:

JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mr Jakie Moss ☒ Agent ☐ Addressee

B. Received by (Printed Name) MARY ANN MOSS | C. Date of Delivery 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

Code: Allocation Project - D.Howell

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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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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

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

JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

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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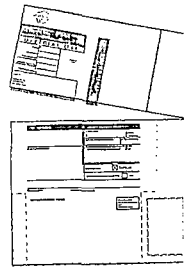
7110 6605 9590 0012 3065

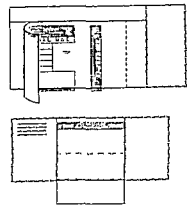
JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 3800R rev. 01/07

2. Article Number

7110 6605 9590 0012 3065

1. Article Addressed to:

JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

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 3065

1. Article Addressed to:

JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

SEP 2010 USPS

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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7110 6605 9590 0012 3072

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

Postmark Here

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

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

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

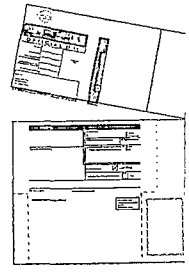
CERTIFIED MAIL™

7110 6605 9590 0012 3072

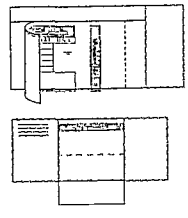
JAMES BEATTY NOLAND
2700 VISTA GRANDE NW #6
ALBUQUERQUE, NM 87120

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 3811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3072

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3072

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) CLINTON ALEX C. Date of Delivery 9/14/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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
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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Sent To
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City, State, Zip+4

JAMES H ESSMAN
PO BOX 302
MIDLAND, TX 79702

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

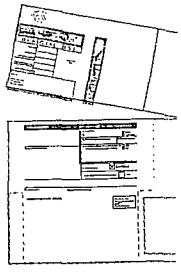
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3140

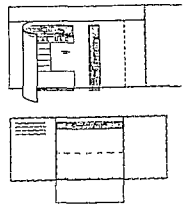
JAMES H ESSMAN
PO BOX 302
MIDLAND, TX 79702

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3140

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES H ESSMAN
PO BOX 302
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0012 3140

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES H ESSMAN
PO BOX 302
MIDLAND, TX 79702

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 Domestic Return Receipt

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

ConocoPhillips

7110 6605 9590 0012 3089

pkd 9-20

UNCLAIMED

JAMES RUFFIN
806 TAMOAN CT
CARLSBAD NM 88220-9203

UNCLAIMED

02 1R
0006557
MAILED FI

2nd 9-7
RT 9-17

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 3089

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

Postmark Here

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

JAMES DUFFIN
806 TANOAN CT
CARLSBAD, NM 88220-9203

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

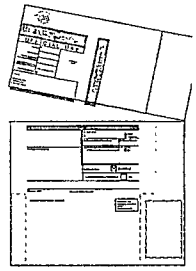
CERTIFIED MAIL™

7110 6605 9590 0012 3089

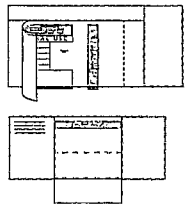
JAMES DUFFIN
806 TANOAN CT
CARLSBAD, NM 88220-9203

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3089

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES DUFFIN
806 TANOAN CT
CARLSBAD, NM 88220-9203

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 #: 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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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 3119

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

Postmark Here

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

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

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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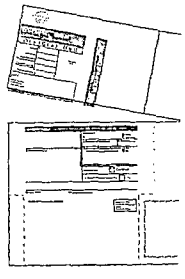
7110 6605 9590 0012 3119

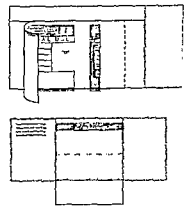
JAMES FITZGERALD III TRUST A
PO BOX 3425
MIDLAND, TX 79702-3425

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3119

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS

2. Article Number

7110 6605 9590 0012 3119

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carolyn Fitzgerald ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Carolyn Fitzgerald | C. Date of Delivery 9-8-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3126

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

Postmark Here

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

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

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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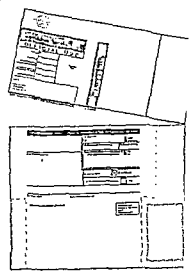
7110 6605 9590 0012 3126

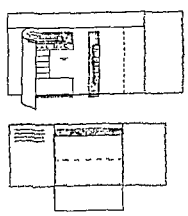
JAMES G HOHENSTEIN
7773 ARLINGTON DRIVE
BOULDER, CO 80303-3207

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 3126

1. Article Addressed to:

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

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 3126

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) James G. Hohenstein | C. Date of Delivery 9/9/10

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

3. Service Type ☒ Certified

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

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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3102

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

Postmark Here

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

JAMES E JACKS
26784 DOWNS DR
GRAVOIS MILLS, MO 65037

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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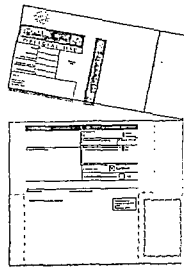
7110 6605 9590 0012 3102

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 #:

1 SEPARATE AT PERFORATION



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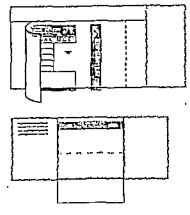

Reorder Form LCD-AR rev. 01/07

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

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

James E Jacks 1-4-10

PS Form 3811 **Domestic Return Receipt**

Batch #: 2191
Article #: 71106605959000123102
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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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 3133

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

Postmark Here

Sent To

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

City, State, Zip+4

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

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 3133

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

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

7110 6605 9590 0012 3133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

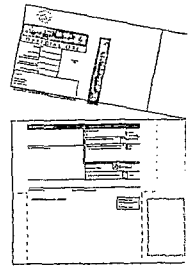
JAMES H ATWILL
PO BOX 1810
PORT ARANSAS, TX 78373-1810

3. Service Type ☒ Certified

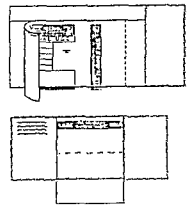
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) JAMES ATWILL | C. Date of Delivery 9/8/10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 3157

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

Postmark Here

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

JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

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

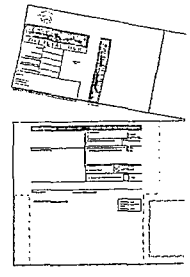
CERTIFIED MAIL™

7110 6605 9590 0012 3157

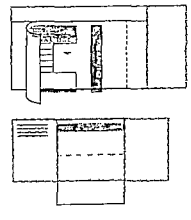
JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 3157

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bonita Hammontree ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 3164

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

Postmark Here

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

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

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-3 rev. 01/07

2. Article Number

7110 6605 9590 0012 3164

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

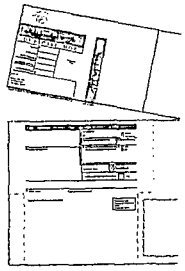
JAMES J HILL III REVOCABLE TRUST
C/O BANK OF OKLAHOMA AGENT
PO BOX 1588
TULSA, OK 74101-1588

3. Service Type ☒ Certified

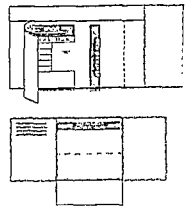
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3164

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

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

7110 6605 9590 0012 3171

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

Postmark Here

Sent To
JAMES J RUBOW & NICKOLA A RUBOW JOI
Street, Apt. No.; or PO Box No.
105 SOL Y LOMAS
City, State, Zip+4
SANTA FE, NM 87505

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

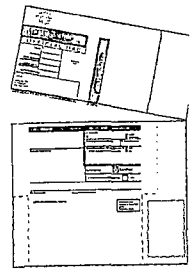
CERTIFIED MAIL™

7110 6605 9590 0012 3171

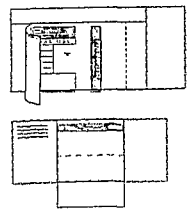
JAMES J RUBOW & NICKOLA A RUBOW JOI
105 SOL Y LOMAS
SANTA FE, NM 87505

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 811R rev. 01/07

2. Article Number
7110 6605 9590 0012 3171

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
JAMES J RUBOW & NICKOLA A RUBOW JOI
105 SOL Y LOMAS
SANTA FE, NM 87505

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 3171

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nickola A Rubow ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
JAMES J RUBOW & NICKOLA A RUBOW JOI
105 SOL Y LOMAS
SANTA FE, NM 87505

3. Service Type ☒ Certified

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 3188

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

Postmark Here

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

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

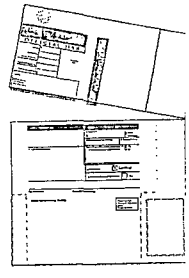
CERTIFIED MAIL™

7110 6605 9590 0012 3188

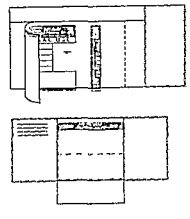
JAMES KESSLER
1177 PUTNAM BLVD
WALLINGFORD, PA 19086

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 3188

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES KESSLER
1177 PUTNAM BLVD
WALLINGFORD, PA 19086

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3188

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathleen Kessler ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES KESSLER
1177 PUTNAM BLVD
WALLINGFORD, PA 19086

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

USPS SEP - 7 2010 MEDIA PA 19063

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 3195

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

Postmark Here

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

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

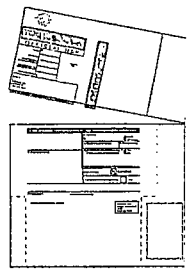
CERTIFIED MAIL™

7110 6605 9590 0012 3195

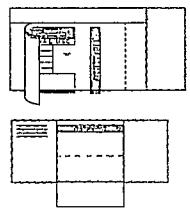
JAMES L FASHING
2431 MEMPHIS ST
EL PASO, TX 79930

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCR-3811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3195	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: JAMES L FASHING 2431 MEMPHIS ST EL PASO, TX 79930	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 #: 71106605959000123195
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

7110 6605 9590 0013 3569

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

Postmark Here

Sent To: JAMES LOUIS HILL
Street, Apt. No.; or PO Box No.: 1608 CR 805
City, State, Zip+4: CLEBURNE, TX 76031

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

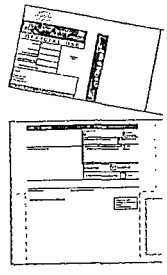
CERTIFIED MAIL™

7110 6605 9590 0013 3569

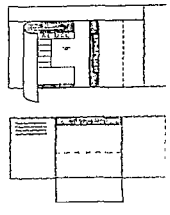
JAMES LOUIS HILL
1608 CR 805
CLEBURNE, TX 76031

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 3569

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES LOUIS HILL
1608 CR 805

CLEBURNE, TX 76031

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3569

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James L. Hill ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES LOUIS HILL
1608 CR 805

CLEBURNE, TX 76031

3. Service Type ☒ Certified

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

CLEBURNE TX SEP 20 2010 USPS

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 3201

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

Postmark Here

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

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

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

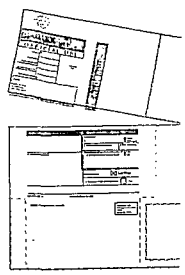
CERTIFIED MAIL™

7110 6605 9590 0012 3201

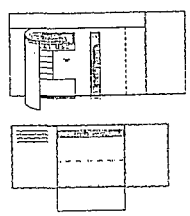
JAMES MICHAEL NOLAND
14575 BONAIRE BLVD, APT 405
DELRAY BEACH, FL 33446

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 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

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

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

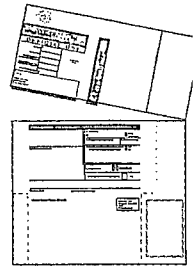
CERTIFIED MAIL™

7110 6605 9590 0012 3218

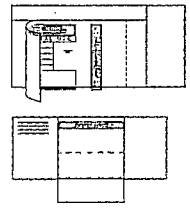
JAMES P M ROACH
5826 LONG PARK RD
CUMMING, GA 30040

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3218

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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

APPROVED

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

7110 6605 9590 0012 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

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

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

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

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

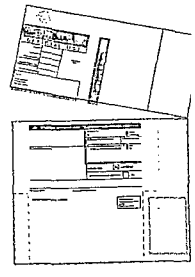
CERTIFIED MAIL™

7110 6605 9590 0012 3225

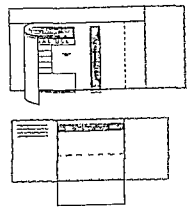
JAMES R LEETON JR
SAN JUAN ROYALTY JV-90 ACCOUNT
PO BOX 10561
MIDLAND, TX 79702

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3225

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3225

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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

Postmark Here

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 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 #:

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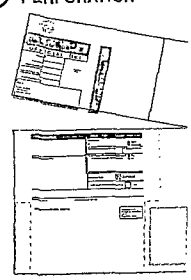

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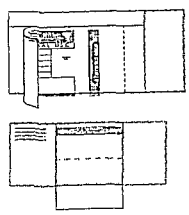

Reorder Form LCD-8 rev. 01/07

2. Article Number
7110 6605 9590 0012 3232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 3232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jean Payne ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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

Postmark Here

Sent To

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

City, State, Zip+4

JAMES ROBERT BEAMON
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

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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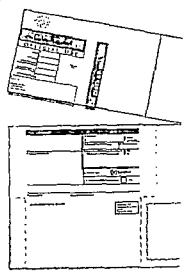
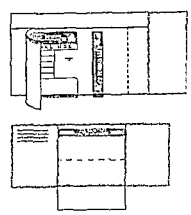
JAMES ROBERT BEAMON
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-93 rev. 01/07

2. Article Number

7110 6605 9590 0012 3249

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES ROBERT BEAMON
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3249

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Weber ☑ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAMES ROBERT BEAMON
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3256

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

Postmark Here

Sent To
JAMES SIMPSON III ET AL RESIDUARY
ATTN PAT HUGHES
Street, Apt. No.; or PO Box No.
114 W 47TH ST 8TH FL
City, State, Zip+4
NEW YORK, NY 10036-1532

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 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

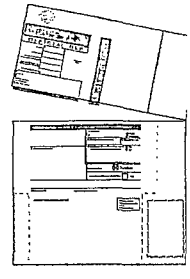
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

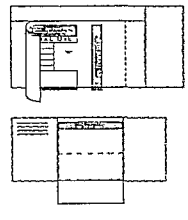
PS Form 3811 **Domestic Return Receipt**

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

1 SEPARATE AT PERFORATION



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



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USPS
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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 #:

3 LIFT HERE

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7110 6605 9590 0012 3263

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

Postmark Here

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

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

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

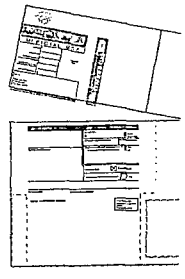
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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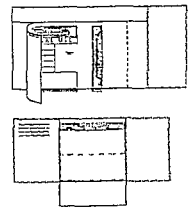

Reorder Form LCD 3811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3263

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

2. Article Number

7110 6605 9590 0012 3263

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James W Childress ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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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7110 6605 9590 0012 3270

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

Postmark Here

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

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

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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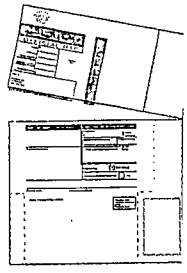
7110 6605 9590 0012 3270

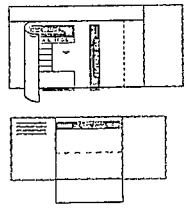
JAMES WENDELL WEST
PO BOX 492382
LOS ANGELES, CA 90049-8382

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8113 rev. 01/07

2. Article Number

7110 6605 9590 0012 3270

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3270

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3287

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

Postmark Here

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

JANA RAE STEELE
4339 FIRST COURT
LANTANA, FL 33462

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

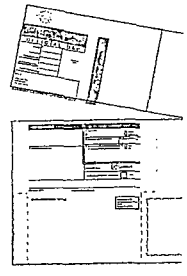
CERTIFIED MAIL™

7110 6605 9590 0012 3287

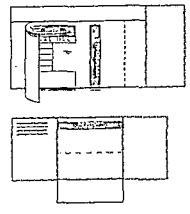
JANA RAE STEELE
4339 FIRST COURT
LANTANA, FL 33462

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 3287

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JANA RAE STEELE
4339 FIRST COURT
LANTANA, FL 33462

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0012 3287

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JANA RAE STEELE
4339 FIRST COURT
LANTANA, FL 33462

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

SEP - 3 2010

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

PS Form 3811 Domestic Return Receipt

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7110 6605 9590 0012 3294

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

Postmark Here

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

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

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

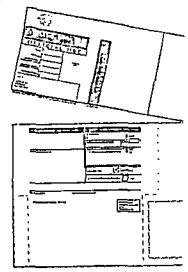
CERTIFIED MAIL™

7110 6605 9590 0012 3294

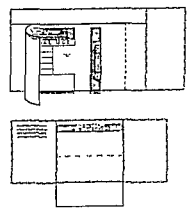
JANE ANN BOND WHEELER
2609 LOCKHEED DR
MIDLAND, TX 79701-3957

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-CMR rev. 01/07

2. Article Number

7110 6605 9590 0012 3294

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3294

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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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3 LIFT HERE

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7110 6605 9590 0012 3317

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

Postmark Here

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

JANE CLAIRE ROBERSON
2855 ARIZONA
LOS ALAMOS, NM 87544

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

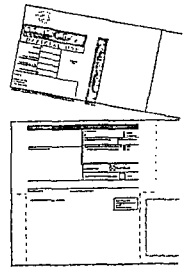
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3317

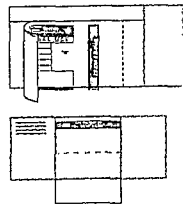
JANE CLAIRE ROBERSON
2855 ARIZONA
LOS ALAMOS, NM 87544

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3317

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JANE CLAIRE ROBERSON
2855 ARIZONA
LOS ALAMOS, NM 87544

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3317

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane C. Roberson ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JANE CLAIRE ROBERSON
2855 ARIZONA
LOS ALAMOS, NM 87544

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

LOS ALAMOS NM 87544 SEP - 3 2010 USPS

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

7811 **Domestic Return Receipt**

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7110 6605 9590 0012 3300

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

Postmark Here

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

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

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

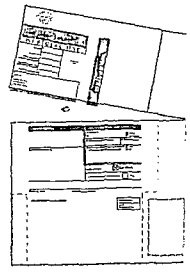
CERTIFIED MAIL™

7110 6605 9590 0012 3300

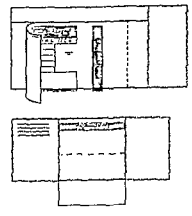
JANE C. GORDEN
11330 GREEN BAY DRIVE
HOUSTON, TX 77024

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3300

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3300

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jane C Gorden ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3324

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

Postmark Here

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

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

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 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 #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3324

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

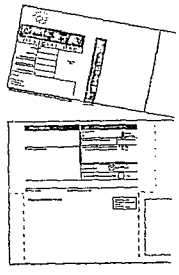
JANE PHILLIPS LADOUCEUR
530 N MAIN ST, APT 311
BUTLER, PA 16001

3. Service Type ☒ Certified

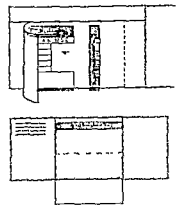
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3324

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joe Phillips ☐ Agent ☐ Addressee

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Postmark Here

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

JANET B SELBE
1831 RIVERSIDE COURT
STEAMBOAT SPRINGS, CO 80487

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 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-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

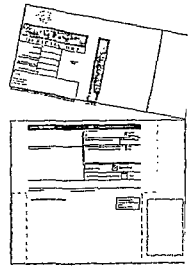
JANET B SELBE
1831 RIVERSIDE COURT
STEAMBOAT SPRINGS, CO 80487

3. Service Type ☒ Certified

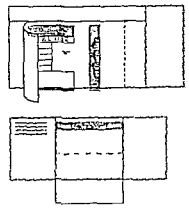
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janet B Selbe ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Janet B Selbe C. Date of Delivery 09-04-2010

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

1. Article Addressed to:

JANET B SELBE
1831 RIVERSIDE COURT
STEAMBOAT SPRINGS, CO 80487

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Postmark Here

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

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

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 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 #:

2. Article Number

7110 6605 9590 0012 3348

1. Article Addressed to:

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

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

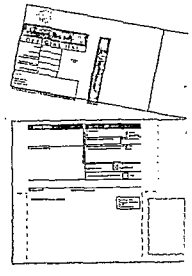
3. Service Type ☒ Certified

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

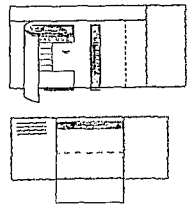
Code: Allocation Project - D.Howell

Reorder Form LCD-3800 rev. 01/07

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3348

1. Article Addressed to:

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

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

STEVENS STAFF STA ALBUQUERQUE NM
SEP 07 2004
USPS

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

Postmark Here

Sent To: JANET SCHWARTZ KRAFT
Street, Apt. No.; or PO Box No.: 10606 HONDO HILL RD
City, State, Zip+4: HOUSTON, TX 77064

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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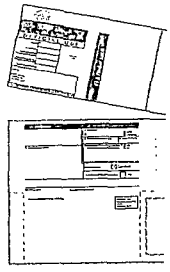
7110 6605 9590 0013 3576

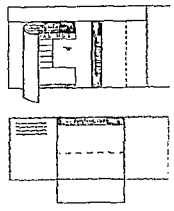
JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3576

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD

HOUSTON, TX 77064

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3576

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

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

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

1. Article Addressed to:

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD

HOUSTON, TX 77064

3. Service Type ☒ Certified

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

HOUSTON TX MAIL PROCESSING USPS SEP 20 2010 WILLOW PLACE 77070

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

7110 6605 9590 0012 3355

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

Postmark Here

Sent To
JANICE P CAMPBELL
Street, Apt. No.; or PO Box No.
PO BOX 2033
City, State, Zip+4
MIDLAND, TX 79702-1714

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 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-3811-R 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
X ☐ Agent ☐ Addressee

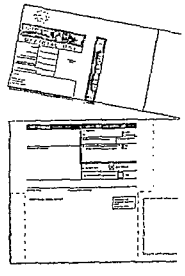
B. Received by (Printed Name) | C. Date of Delivery

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

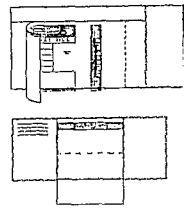
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 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
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pam Goodes-Bey | C. Date of Delivery 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 #: 71106605959000123355
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3362

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

Postmark Here

Sent To
JAY GOTTSTEIN TRUST NOV 11 1992
Street, Apt. No.; or PO Box No.
4701 COLLEGE BLVD, SUITE 214
City, State, Zip+4
LEAWOOD, KS 66211

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 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-3 rev. 01/07

2. Article Number

7110 6605 9590 0012 3362

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

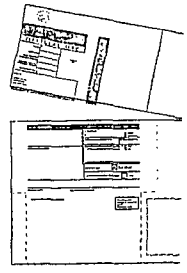
3. Service Type ☒ Certified

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

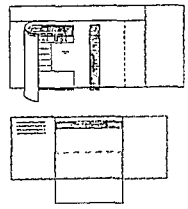
Code: Allocation Project - D.Howell

PS Form 3811

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3362

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M. Blase ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) M. Blase | C. Date of Delivery 9-8-10

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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

Postmark Here

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

JAYNE GRIFFITH
340 CR 239
DURANGO, CO 81301

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

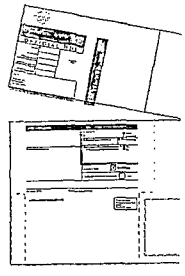
CERTIFIED MAIL™

7110 6605 9590 0012 3379

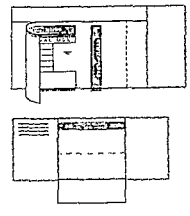
JAYNE GRIFFITH
340 CR 239
DURANGO, CO 81301

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 3379

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAYNE GRIFFITH
340 CR 239
DURANGO, CO 81301

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3379

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sunday Campbell ☒ Agent ☐ Addressee

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

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

1. Article Addressed to:

JAYNE GRIFFITH
340 CR 239
DURANGO, CO 81301

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3583

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

Postmark Here

Sent To: JB RIVERS JR
Street, Apt. No.; or PO Box No.: 2329 NW 54TH
City, State, Zip+4: OKLAHOMA CITY, OK 73112

PS Form 3800, August 2006 — See Reverse for Instructions

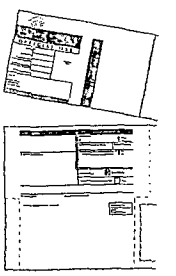
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3583

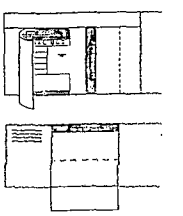
JB RIVERS JR
2329 NW 54TH
OKLAHOMA CITY, OK 73112

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3583

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JB RIVERS JR
2329 NW 54TH

OKLAHOMA CITY, OK 73112

3. Service Type ☒ Certified

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

2. Article Number

7110 6605 9590 0013 3583

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X JB Rivers ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JB RIVERS JR
2329 NW 54TH

OKLAHOMA CITY, OK 73112

3. Service Type ☒ Certified

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

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

CERTIFIED MAIL™

ConocoPhillips

7110 6605 9590 0012 3386

UNITED STATES P
02 1P
0006557
MAILED F

UNCLAIMED

23

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

UNCLAIMED

NOT
9-4

FINAL NO

SEP 1

10

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7110 6605 9590 0012 3386

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

Postmark Here

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

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

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

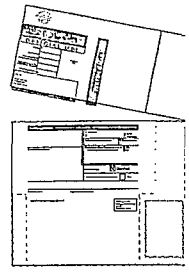
CERTIFIED MAIL™

7110 6605 9590 0012 3386

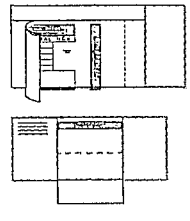
JEAN ASHLEY WARD CARTER
14622 UNDERWOOD CREEK WAY
HOUSTON, TX 77062

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3386

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

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

3 LIFT HERE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

7110 6605 9590 0012 3393

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

Postmark Here

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

JEAN F LOEPKEY
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

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

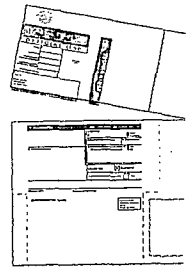
CERTIFIED MAIL

7110 6605 9590 0012 3393

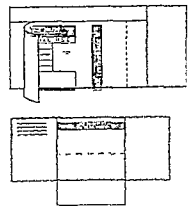
JEAN F LOEPKEY
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 3393

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JEAN F LOEPKEY
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3393

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jean F. Loepkey ☐ Agent ☐ Addressee

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

1. Article Addressed to:

JEAN F LOEPKEY
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2191
Article #: 71106605959000123393
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 3416

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

Postmark Here

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

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

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 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-3811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3416

1. Article Addressed to:

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

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

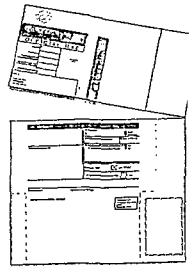
3. Service Type ☒ Certified

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

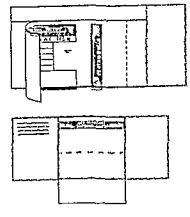
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3416

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

Batch #: 2191
Article #: 71106605959000123416
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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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 3409

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

Postmark Here

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

JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

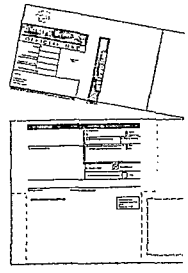
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3409

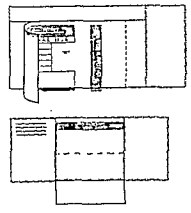
JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 3409

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3409

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jean Jaeggi ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3423

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

Postmark Here

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

JEFFREY CASWELL NEAL
1311 DOEPP DRIVE
CARLSBAD, NM 88220

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

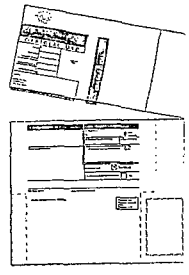
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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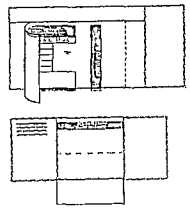

Reorder Form LCD[illegible]R rev. 01/07

2. Article Number

7110 6605 9590 0012 3423

1. Article Addressed to:

JEFFREY CASWELL NEAL
1311 DOEPP DRIVE
CARLSBAD, NM 88220

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 3423

1. Article Addressed to:

JEFFREY CASWELL NEAL
1311 DOEPP DRIVE
CARLSBAD, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jennifer B. Neal ☐ Agent ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
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7110 6605 9590 0013 2944

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

Postmark Here

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

PS Form 3800, August 2006 — See Reverse for Instructions

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

CERTIFIED MAIL™

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

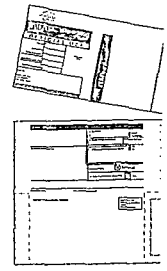
JENNIFER AHO TR
1391 SMT CHASE DR

SNELLVILLE DRIVE, GA 30078

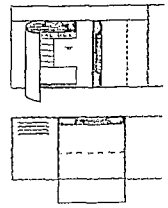
3. Service Type ☒ Certified

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

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 2944

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Aho ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JENNIFER AHO TR
1391 SMT CHASE DR

SNELLVILLE DRIVE, GA 30078

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 #:

3 LIFT HERE

PS Form 3811 — Domestic Return Receipt

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

7110 6605 9590 0012 3430

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

Postmark Here

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

JENNIFER ERIN LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

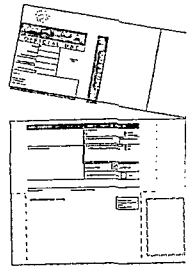
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3430

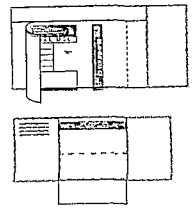
JENNIFER ERIN LAMB
5792 MYRA AVE
CYPRESS, CA 90630

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3430

1. Article Addressed to:

JENNIFER ERIN LAMB
5792 MYRA AVE
CYPRESS, CA 90630

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 3430

1. Article Addressed to:

JENNIFER ERIN LAMB
5792 MYRA AVE
CYPRESS, CA 90630

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Lamb ☐ Agent ☐ Addressee

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

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 LIFT HERE

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

ConocoPhillips

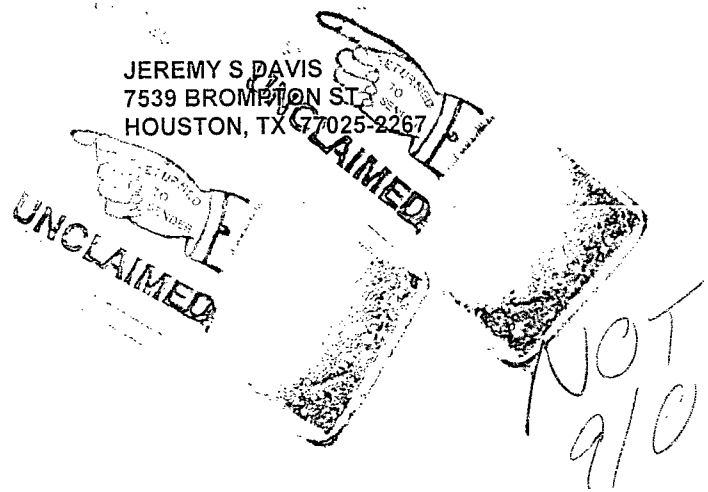
CERTIFIED MAIL™

7110 6605 9590 0012 3447

UNITED STATES POST

02 1R
000655758
MAILED FRO

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



NOT
9/0

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

7110 6605 9590 0012 3447

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

Postmark Here

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

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

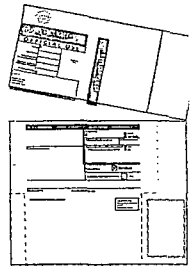
CERTIFIED MAIL™

7110 6605 9590 0012 3447

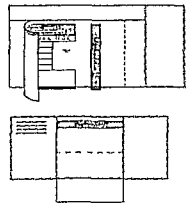
JEREMY S DAVIS
7539 BROMPTON ST
HOUSTON, TX 77025-2267

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3447	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: JEREMY S DAVIS 7539 BROMPTON ST HOUSTON, TX 77025-2267	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 #: 71106605959000123447
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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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 3454

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

Postmark Here

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

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

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

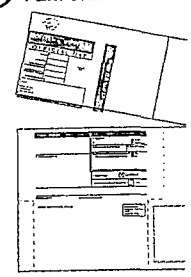
CERTIFIED MAIL™

7110 6605 9590 0012 3454

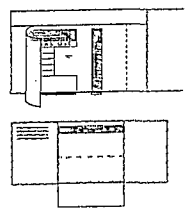
JERRY J ANDREW
408 LONGWOODS LANE
HOUSTON, TX 77024-5617

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3454

1. Article Addressed to:

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

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 3454

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. Andrew ☐ Agent ☐ Addressee

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

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

7110 6605 9590 0012 3461

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

Postmark Here

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

JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

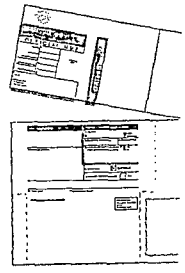
CERTIFIED MAIL™

7110 6605 9590 0012 3461

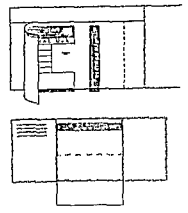
JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number

7110 6605 9590 0012 3461

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3461

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 3478

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

Postmark Here

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

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

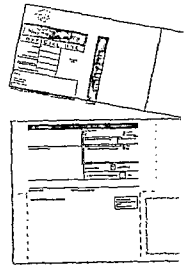
CERTIFIED MAIL™

7110 6605 9590 0012 3478

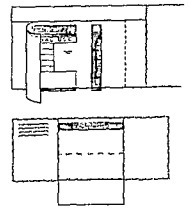
JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3478

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3478

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

APPROVED

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

7110 6605 9590 0012 3485

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

Postmark Here

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

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

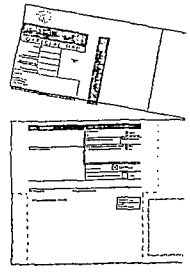
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3485

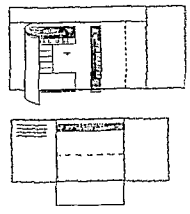
JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-B rev. 01/07

2. Article Number

7110 6605 9590 0012 3485

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3485

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jessie R Dennis ☐ 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

1. Article Addressed to:

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

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

7110 6605 9590 0013 2951

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

Postmark Here

Sent To: JESSIE LEE JOHNSON
11234 COONROD RD
Street, Apt. No.; or PO Box No.
City, State, Zip+4: CHEYENNE, WY 82009-8517

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 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 #:

2. Article Number

7110 6605 9590 0013 2951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSIE LEE JOHNSON
11234 COONROD RD

CHEYENNE, WY 82009-8517

3. Service Type ☒ Certified

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

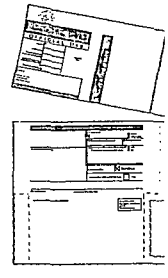
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD-[illegible] Rev. 01/07

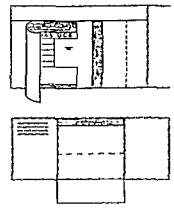
UNITED STATES POSTAL SERVICE

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

1 SEPARATE AT PERFORATION



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



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

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

3 ← LIFT HERE

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 3492

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

Postmark Here

Sent To
JESSIE L JOHNSON
Street, Apt. No.; or PO Box No.
11234 COONROD RD
City, State, Zip+4
CHEYENNE, WY 82009

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 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 #:

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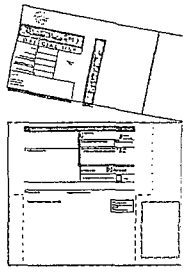
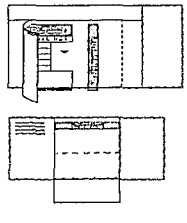


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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

2. Article Number
7110 6605 9590 0012 3492

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSIE L JOHNSON
11234 COONROD RD
CHEYENNE, WY 82009

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

3 LIFT HERE

APPROVED

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

7110 6605 9590 0012 3508

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

Postmark Here

Sent To
JESSIE S HASLER ET AL RESIDUARY TR
ATTN PAT HUGHES
Street, Apt. No.; or PO Box No.
114 W 47TG ST 8TH FL
City, State, Zip+4
NEW YORK, NY 10036-1532

Code: Allocation Project - D.Howell

Form 3800, August 2006 — See Reverse for Instructions

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

7110 6605 9590 0012 3508

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 #:

2. Article Number

7110 6605 9590 0012 3508

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

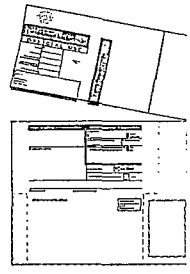
PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

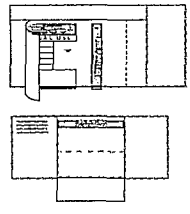
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Reorder Form LCD-811R rev. 01/07

1 SEPARATE AT PERFORATION



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



Lisa Hunter, Land Department
SJBU ConocoPhillips
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

7110 4605 9590 0013 3590

0006557567 SEP 15 2010
MAILED FROM ZIPCODE 87402

USN

NO SUCH NUMBER

JESSIE MAE WAKELAND
603 W PETER SMITH

FORT WORTH, TX 76104

APPROVED

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

7110 6605 9590 0013 3590

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

Postmark Here

Sent To: JESSIE MAE WAKELAND
Street, Apt. No.; or PO Box No.: 603 W PETER SMITH
City, State, Zip+4: FORT WORTH, TX 76104

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™

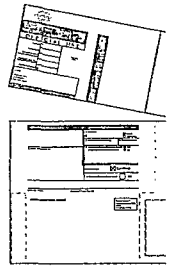
7110 6605 9590 0013 3590

JESSIE MAE WAKELAND
603 W PETER SMITH

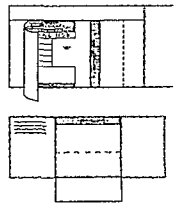
FORT WORTH, TX 76104

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3590

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JESSIE MAE WAKELAND
603 W PETER SMITH

FORT WORTH, TX 76104

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

3 LIFT HERE

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 3522

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

Postmark Here

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

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

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

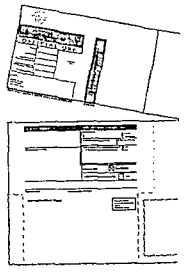
CERTIFIED MAIL™

7110 6605 9590 0012 3522

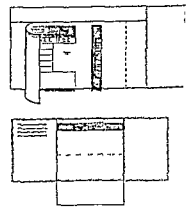
JILL M SOENS
728 EAST 4TH AVENUE
DURANGO, CO 81301

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3522

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3522

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jill M Soens ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 3515

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

Postmark Here

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

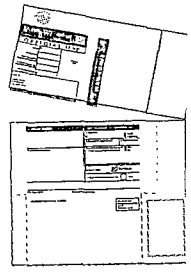
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3515

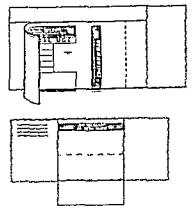
JILL E CORNELL
5621 TIMBERLINE AVE NW
ALBUQUERQUE, NM 87120

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 3811R rev. 01/07

2. Article Number
7110 6605 9590 0012 3515

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JILL E CORNELL
5621 TIMBERLINE AVE NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D Howell

2. Article Number
7110 6605 9590 0012 3515

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jill Cornell ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 9-08-10

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

1. Article Addressed to:

JILL E CORNELL
5621 TIMBERLINE AVE NW
ALBUQUERQUE, NM 87120

3. Service Type ☒ Certified

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

Code: Allocation Project - D Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3539

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

Postmark Here

Sent To
JIMMY L MALONE
Street, Apt. No.; or PO Box No.
33249 NEWBURY ST
City, State, Zip+4
YUCAIPA, CA 92399

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

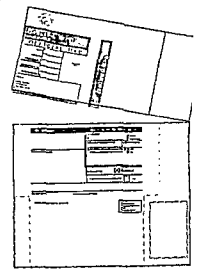
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3539

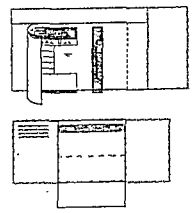
JIMMY L MALONE
33249 NEWBURY ST
YUCAIPA, CA 92399

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD 841R rev. 01/07

2. Article Number
7110 6605 9590 0012 3539

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:
JIMMY L MALONE
33249 NEWBURY ST
YUCAIPA, CA 92399

3. Service Type ☒ Certified

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

Code: Allocation Project - D Howell

2. Article Number
7110 6605 9590 0012 3539

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
B. Received by (*Printed Name*) JIM MALONE | C. Date of Delivery 9/8/10

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

1. Article Addressed to:
JIMMY L MALONE
33249 NEWBURY ST
YUCAIPA, CA 92399

3. Service Type ☒ Certified

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

Code: Allocation Project - D Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3546

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

Postmark Here

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

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

Code: Allocation Project - D.Howell

Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0012 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-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 3546

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

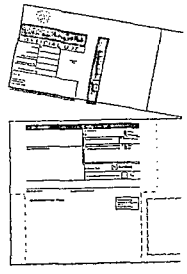
JMH OIL INC
C/O BAUER FINANCIAL SERVICES
2960 CABIN DR W LOT 16
COLEHARBOR, ND 58531-9402

3. Service Type ☒ Certified

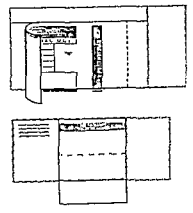
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3546

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Wertz ☐ Agent ☒ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

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

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

JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

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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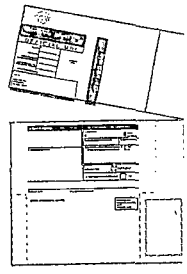
7110 6605 9590 0012 3553

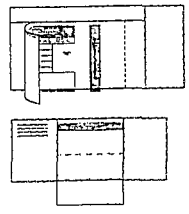
JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

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

1 SEPARATE AT PERFORATION



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



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

2. Article Number
7110 6605 9590 0012 3553

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

F

2. Article Number
7110 6605 9590 0012 3553

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

J. Denito 9-3-10

PS Form 3811 **Domestic Return Receipt**

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

Postmark Here

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

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

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

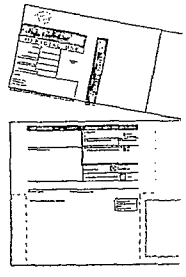
JAMES E DAVANT DVM
PO BOX 695
BLESSING, TX 77419-0695

3. Service Type ☒ Certified

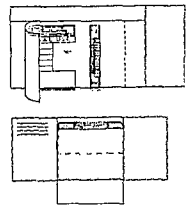
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3096

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rosanna Yerden ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-20

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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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7110 6605 9590 0012 3560

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

Postmark Here

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

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

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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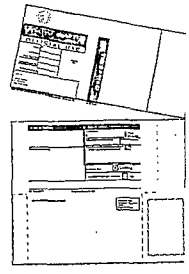
7110 6605 9590 0012 3560

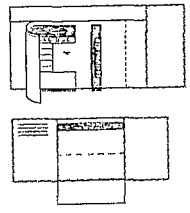
JO ELLEN SERRANO
NBU 3017 CR 5398 #6
FARMINGTON, NM 87401

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-841R rev. 01/07

2. Article Number

7110 6605 9590 0012 3560

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

2. Article Number

7110 6605 9590 0012 3560

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Leroy Serrano ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

~~Code: Allocation Project - D.Howell~~

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

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3577

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

Postmark Here

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

JOAN A CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

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 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-811R rev. 01/07

2. Article Number
7110 6605 9590 0012 3577

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

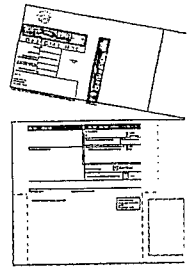
JOAN A CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

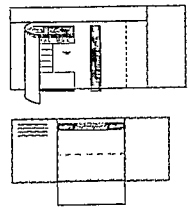
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number
7110 6605 9590 0012 3577

COMPLETE THIS SECTION ON DELIVERY

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

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

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

1. Article Addressed to:

JOAN A CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3584

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

Postmark Here

Sent To
JOAN BEATTY COZBY
Street, Apt. No.; or PO Box No.
PO BOX 94
City, State, Zip+4
DURANGO, CO 81302

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

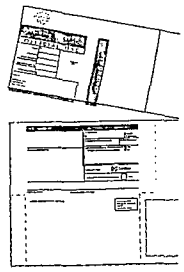
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3584

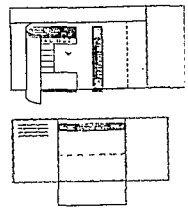
JOAN BEATTY COZBY
PO BOX 94
DURANGO, CO 81302

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 3584

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JOAN BEATTY COZBY
PO BOX 94
DURANGO, CO 81302

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3584

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joan Beatty Cozby ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JOAN BEATTY COZBY
PO BOX 94
DURANGO, CO 81302

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

DURANGO CO 81301
SEP 8 2010
USPS

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

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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

CERTIFIED MAIL™

10/1

ConocoPhillips

7010 6605 9590 0012 3591

UNITED STATES PO
02 1R
0006557
MAILED FF

moved

4 1R
9 7

JOAN DERRY
5825 COLBY ST
OAKLAND CA 94618-1224

DERR825+ 946182047 1809 B6 09/27/10
FORWARD TIME EXP RTN TO SEND
DERRY JOAN M
64910 DESERT AIR CT
DSNT HOT SPGS CA 92240-1422

RETURN TO SENDER

emailed
10/4/10 cal

Return Receipt Requested
9.5

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 3591

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

Postmark Here

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

JOAN DERRY
5825 COLBY ST
OAKLAND, CA 94618-1224

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 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 #:

2. Article Number
7110 6605 9590 0012 3591

SENDER: COMPLETE THIS SECTION

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
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

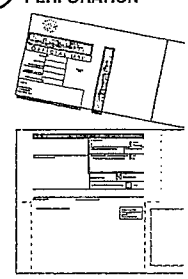
PS Form 3811 **Domestic Return Receipt**

Reorder Form LCD rev. 01/07

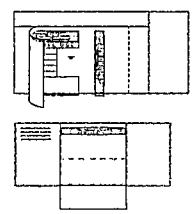
UNITED STATES POSTAL SERVICE

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

1 SEPARATE AT PERFORATION



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



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

Postmark Here

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

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

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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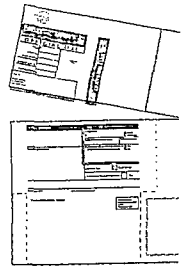
7110 6605 9590 0012 3607

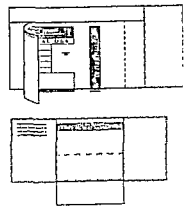
JOAN E. MYER
315 ELDRIDGE LN
LAWRENCE, KS 66049-4127

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 3607

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3607

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

Postmark Here

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

JOAN MATTHEWS
5329 SANTA TERESA DR
EL PASO, TX 79932

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 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

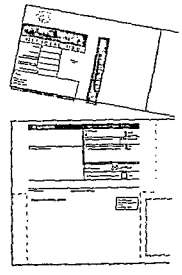
JOAN MATTHEWS
5329 SANTA TERESA DR
EL PASO, TX 79932

3. Service Type ☒ Certified

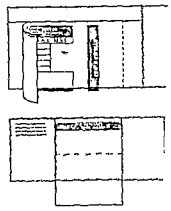
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3614

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Billy Matthews ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

JOAN MATTHEWS
5329 SANTA TERESA DR
EL PASO, TX 79932

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 3621

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

Postmark Here

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

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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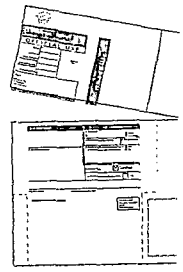
7110 6605 9590 0012 3621

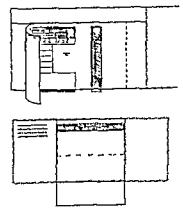
JOANN BRIGGS
C/O REYNOLDS HIX & CO
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3621

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3621

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Good ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2191
Article #: 71106605959000123621
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 3638

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

Postmark Here

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

JOANN DENNIS DENITTO
30 CROCKETT CIR
LEVELLAND, TX 79336

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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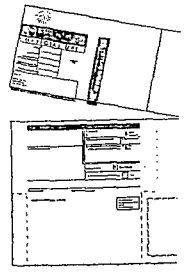
7110 6605 9590 0012 3638

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 #:

1 SEPARATE AT PERFORATION



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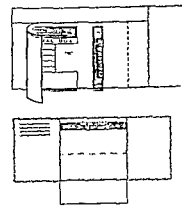

Reorder Form LCD-81 Rev. 01/07

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
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 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
X J. Denitto ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) J. Denitto | C. Date of Delivery 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 #: 71106605959000123638
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 3645

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

Postmark Here

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

JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

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 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-8[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 3645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

1. Article Addressed to:

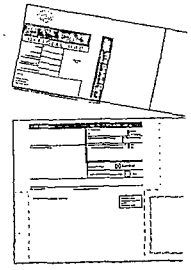
JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

3. Service Type ☒ Certified

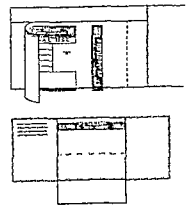
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3645

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Connie E Pierce
☐ Agent
☐ Addressee

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

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

1. Article Addressed to:

JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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 LIFT HERE

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S. Postal Service™
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7110 6605 9590 0012 3652

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

Postmark Here

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

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

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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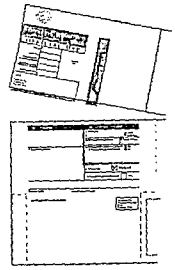
7110 6605 9590 0012 3652

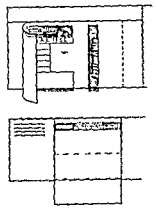
JOANNE CALLAN
1028 SANTA FLORENCIA
SOLANA BEACH, CA 92075-1516

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

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3652	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: JOANNE CALLAN 1028 SANTA FLORENCIA SOLANA BEACH, CA 92075-1516	B. Received by (Printed Name) / C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3652	A. Signature X Joanne S. Callan ☐ Agent ☐ Addressee
1. Article Addressed to: JOANNE CALLAN 1028 SANTA FLORENCIA SOLANA BEACH, CA 92075-1516	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 #: 71106605959000123652
Date/Time: 8/31/2010 12:09:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 Domestic Return Receipt

3 LIFT HER

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7110 6605 9590 0012 3669

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

Postmark Here

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

JOE F ELLEDGE
PO BOX 111
FARMINGTON, NM 87499

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 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 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3669

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

1. Article Addressed to:

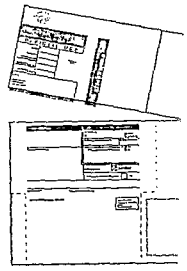
JOE F ELLEDGE
PO BOX 111
FARMINGTON, NM 87499

3. Service Type ☒ Certified

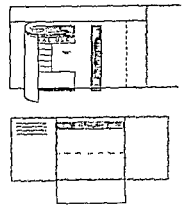
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 3669

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOE F ELLEDGE
PO BOX 111
FARMINGTON, NM 87499

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

ALBUQUERQUE NM 87101
SEP 2 2010
USPS

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
Certified Fee	$2.80
Return Receipt Fee (dorsement Required)	$2.30
estricted Delivery Fee (dorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

ent To
treet, Apt. No.; r PO Box No.
City, State, Zip+4

JOE G JAQUEZ & GREGORITA G JAQUEZ
38 CR 3020
AZTEC, NM 87410

S 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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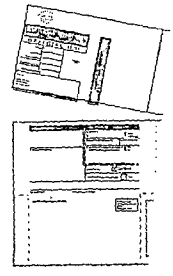
7110 6605 9590 0012 3676

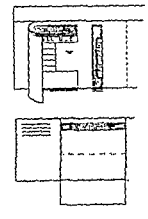
JOE G JAQUEZ & GREGORITA G JAQUEZ
38 CR 3020
AZTEC, NM 87410

Batch #: 2191
Article #: 71106605959000123676
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BAC PLACE LABEL AT TO ENVELOPE TO THE F OF THE RETURN AD



Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 3676

1. Article Addressed to:

JOE G JAQUEZ & GREGORITA G JAQUEZ
38 CR 3020
AZTEC, NM 87410

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 3676

1. Article Addressed to:

JOE G JAQUEZ & GREGORITA G JAQUEZ
38 CR 3020
AZTEC, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Deanna Jaquez ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) 9-10-10 | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

AZTEC SEP 10 2010

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2191
Article #: 71106605959000123676
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HE

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7110 6605 9590 0012 3683

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOE LOPEZ ESTATE
PO BOX 355
BLANCO, NM 87412

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 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-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3683

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

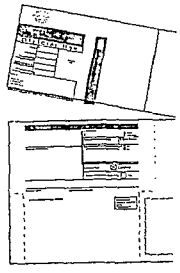
JOE LOPEZ ESTATE
PO BOX 355
BLANCO, NM 87412

3. Service Type ☒ Certified

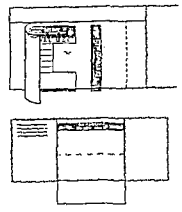
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



2. Article Number

7110 6605 9590 0012 3683

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOE LOPEZ ESTATE
PO BOX 355
BLANCO, NM 87412

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

BLANCO, NM 87412
SEP - 3 2010
USPS

Batch #: 2191
Article #: 71106605959000123683
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

5

21-M
9-20

ConocoPhillips

7110 6605 9590 0012 3690

UNITED STATES POSTAGE
02 1R
0006557587
MAILED FROM

UNCLAIMED
RETURN TO SENDER

JOE MARTINEZ
1208 S. BOTLER
FARMINGTON, NM 87401

9/2

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7110 6605 9590 0012 3706

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JOE P TRUJILLO
Street, Apt. No.; or PO Box No.
P O BOX 351
City, State, Zip+4
FARMINGTON, NM 87401

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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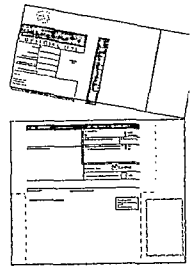
7110 6605 9590 0012 3706

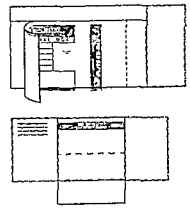
JOE P TRUJILLO
P O BOX 351
FARMINGTON, NM 87401

Batch #: 2191
Article #: 71106605959000123706
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-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

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 3706

1. Article Addressed to:

JOE P TRUJILLO
P O BOX 351
FARMINGTON, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rose A. Trujillo ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Rose A Trujillo C. Date of Delivery 9.2.10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

FARMINGTON NM SEP 2 2010 USPS $5.40

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2191
Article #: 71106605959000123706
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 3713

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

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City, State, Zip+4

JOE RENEE ABBOTT
3733 AVENIDA PALO VERDE
BONITA, CA 91902-1007

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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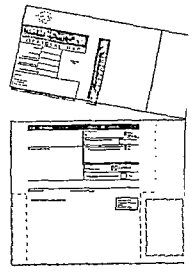
7110 6605 9590 0012 3713

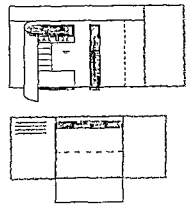
JOE RENEE ABBOTT
3733 AVENIDA PALO VERDE
BONITA, CA 91902-1007

Batch #: 2191
Article #: 71106605959000123713
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-811B rev. 01/07

2. Article Number

7110 6605 9590 0012 3713

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOE RENEE ABBOTT
3733 AVENIDA PALO VERDE
BONITA, CA 91902-1007

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3713

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (*Printed Name*) C. ABBOTT | C. Date of Delivery 9/4/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOE RENEE ABBOTT
3733 AVENIDA PALO VERDE
BONITA, CA 91902-1007

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

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7110 6605 9590 0012 3720

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN A. WALL
PO BOX 915
SOCORRO, NM 87801

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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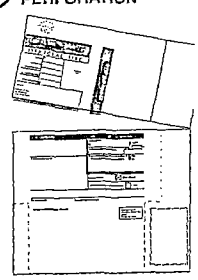
7110 6605 9590 0012 3720

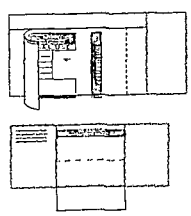
JOHN A. WALL
PO BOX 915
SOCORRO, NM 87801

Batch #: 2191
Article #: 71106605959000123720
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-811B rev. 01/07

2. Article Number

7110 6605 9590 0012 3720

1. Article Addressed to:

JOHN A. WALL
PO BOX 915
SOCORRO, NM 87801

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 3720

1. Article Addressed to:

JOHN A. WALL
PO BOX 915
SOCORRO, NM 87801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James S. Holly ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) James L. Holly C. Date of Delivery 9-9-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:

PS Form 3811 **Domestic Return Receipt**

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S. Postal Service
ERTIFIED MAIL™ RECEIPT
Mail Only; No Insurance Coverage Provided)
delivery information visit our website at www.usps.com

7110 6605 9590 0012 3737

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (dorsement Required)	$2.30
estricted Delivery Fee (dorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

nt To
eet, Apt. No.; PO Box No.
y, State, Zip+4

JOHN B ALLINSON JR
PO BOX 21834
WACO, TX 76702

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

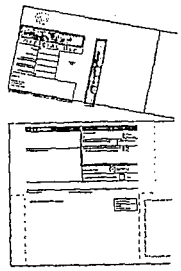
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3737

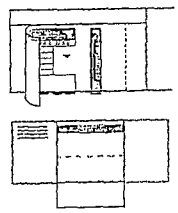
JOHN B ALLINSON JR
PO BOX 21834
WACO, TX 76702

Batch #: 2191
Article #: 71106605959000123737
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0012 3737

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN B ALLINSON JR
PO BOX 21834
WACO, TX 76702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3737

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN B ALLINSON JR
PO BOX 21834
WACO, TX 76702

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

A. Signature
X Allinson

B. Received by (*Printed Name*) V ALLINSON | C. Date of Delivery 9/1/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

WACO, TX MAIN OFFICE SEP 2010 USPS

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2191
Article #: 71106605959000123737
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 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

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN B PIERCE
PO BOX 5025
GREENEHAVEN, AZ 86040

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 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 #:

2. Article Number

7110 6605 9590 0012 3744

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN B PIERCE
PO BOX 5025
GREENEHAVEN, AZ 86040

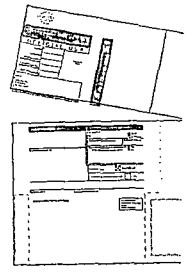
3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

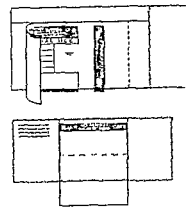
Code: Allocation Project - D.Howell

Reorder Form LCD 3811R rev. 01/07

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



2. Article Number

7110 6605 9590 0012 3744

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Clare C. Pierce
☒ Agent
☐ Addressee

B. Received by (*Printed Name*) CLARE Pierce | C. Date of Delivery 9/5/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN B PIERCE
PO BOX 5025
GREENEHAVEN, AZ 86040

3. Service Type ☒ Certified

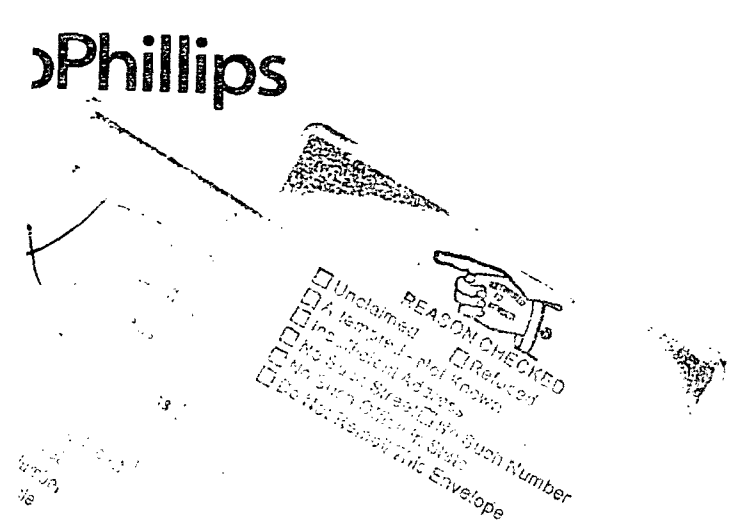
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**



JOHN BERNARD MORGAN
11519 POWDER MILL TRL
AUSTIN, TX 78750

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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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

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN BERNARD MORGAN
11519 POWDER MILL TRL
AUSTIN, TX 78750

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 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-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3751

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN BERNARD MORGAN
11519 POWDER MILL TRL
AUSTIN, TX 78750

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

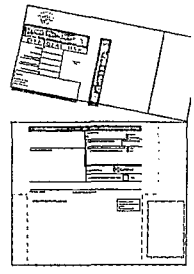
Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

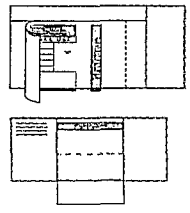
UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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

U.S. Postal Service™
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7110 6605 9590 0013 3606

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: JOHN C HARRINGTON JR
Street, Apt. No.; or PO Box No.: PO BOX 54931
City, State, Zip+4: OKLAHOMA CITY, OK 73154-1931

PS Form 3800, August 2006 — See Reverse for Instructions

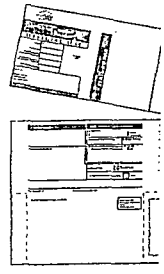
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3606

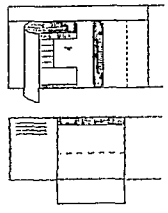
JOHN C HARRINGTON JR
PO BOX 54931
OKLAHOMA CITY, OK 73154-1931

Batch #: 2272
Article #: 71106605959000133606
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3606

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN C HARRINGTON JR
PO BOX 54931

OKLAHOMA CITY, OK 73154-1931

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3606

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN C HARRINGTON JR
PO BOX 54931

OKLAHOMA CITY, OK 73154-1931

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

OKLAHOMA CITY OK SEP 2010 73118-9998

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
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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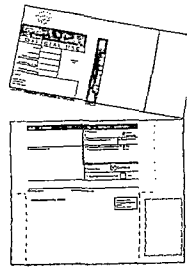
7110 6605 9590 0012 3768

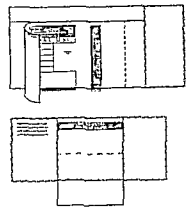
JOHN C WYNNE & DIANE R WYNNE TRUST
2924 WILLOW BRANCH
OKLAHOMA CITY, OK 73120-1812

Batch #: 2191
Article #: 71106605959000123768
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3768

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN C WYNNE & DIANE R WYNNE TRUST
2924 WILLOW BRANCH
OKLAHOMA CITY, OK 73120-1812

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3768

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marlene Wynne ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) DARlene Wynne C. Date of Delivery 9/8/10

D. Is delivery address different from item 1? ☑ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN C WYNNE & DIANE R WYNNE TRUST
2924 WILLOW BRANCH
OKLAHOMA CITY, OK 73120-1812

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3775

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JOHN DAVENPORT
Street, Apt. No.; or PO Box No.
1703 BLUE CREST LN
City, State, Zip+4
SAN ANTONIO, TX 78232

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

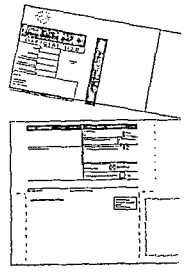
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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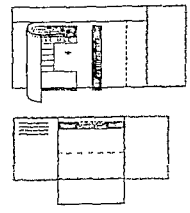

Reorder Form LCD 811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3775

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3775

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John Davenport ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) JOHN DAVENPORT | C. Date of Delivery 9-8-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

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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7110 6605 9590 0012 3782

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

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 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 811R rev. 01/07

2. Article Number

7110 6605 9590 0012 3782

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

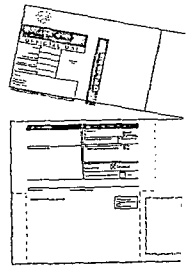
JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

3. Service Type ☒ Certified

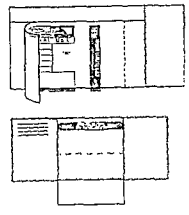
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0012 3782

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J Preston ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) JOHN PRESTON | C. Date of Delivery 9-17-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2191
Article #: 71106605959000123782
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

S. Postal Service™
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7110 6605 9590 0012 3799

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

nt To
reet, Apt. No.; PO Box No.
ty, State, Zip+4

JOHN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

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

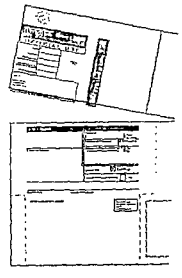
CERTIFIED MAIL™

7110 6605 9590 0012 3799

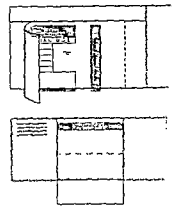
JOHN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2191
Article #: 71106605959000123799
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3799

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3799

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-3-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3805

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

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 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 #:

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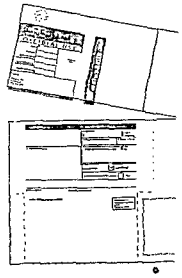
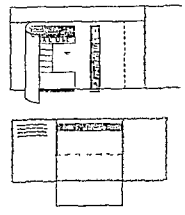


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCR rev. 01/07

2. Article Number

7110 6605 9590 0012 3805

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3805

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Emily Grambling ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9-3-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2191
Article #: 71106605959000123805
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 3812

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN HUNTER JONES
2023 RUE DE ST TROPEZ
AUSTIN, TX 78746

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

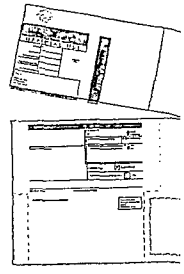
PLACE TICKET AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3812

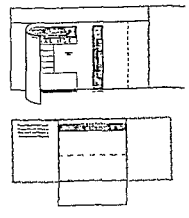
JOHN HUNTER JONES
2023 RUE DE ST TROPEZ
AUSTIN, TX 78746

Batch #: 2191
Article #: 71106605959000123812
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LC[illegible]11R rev. 01/07

2. Article Number

7110 6605 9590 0012 3812

1. Article Addressed to:

JOHN HUNTER JONES
2023 RUE DE ST TROPEZ
AUSTIN, TX 78746

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 3812

1. Article Addressed to:

JOHN HUNTER JONES
2023 RUE DE ST TROPEZ
AUSTIN, TX 78746

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

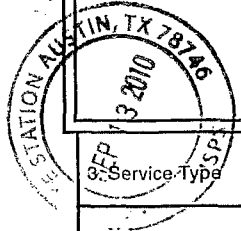
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell



Batch #: 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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7110 6605 9590 0012 3829

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To: JOHN I SHAW JR TRUST UAD JAN 2 1957
Street, Apt. No.; or PO Box No.: THOMASVILLE ROUTE
City, State, Zip+4: HC 3 BOX 60 B
BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

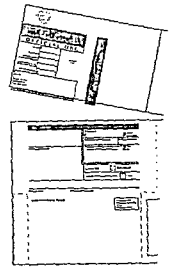
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3829

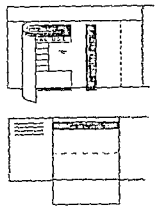
JOHN I SHAW JR TRUST UAD JAN 2 1957
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2192
Article #: 71106605959000123829
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK/ PLACE LABEL AT TOP ENVELOPE TO THE RI/ OF THE RETURN ADD/



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 3829

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN I SHAW JR TRUST UAD JAN 2 1957
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 3829

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN I SHAW JR TRUST UAD JAN 2 1957
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

A. Signature
X *J Shaw* ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery
4-4-10

Batch #: 2192
Article #: 71106605959000123829
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:

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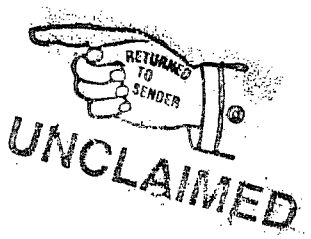
3 LIFT HERE

San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

7110 6605 9590 0012 3836



JOHN J WAFER
5229 144TH PL NE
MARYSVILLE, WA 98271-9231

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7110 6605 9590 0012 3843

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JOHN L GRAY
C/O TRUST MIN SEC 1049310
PO BOX 99084
FORT WORTH, TX 76199-0084

Street, Apt. No.; or PO Box No.
City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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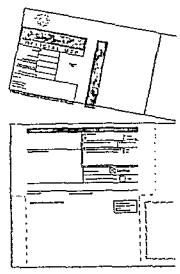
7110 6605 9590 0012 3843

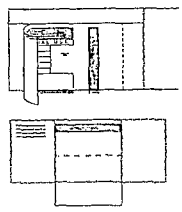
JOHN L GRAY
C/O TRUST MIN SEC 1049310
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2192
Article #: 71106605959000123843
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number
7110 6605 9590 0012 3843

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN L GRAY
C/O TRUST MIN SEC 1049310
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 3843

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN L GRAY
C/O TRUST MIN SEC 1049310
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

SEP 30 2010

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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7110 6605 9590 0012 3850

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To: JOHN L MOSS
Street, Apt. No.; or PO Box No.: 16874A N HWY 550
City, State, Zip+4: AZTEC, NM 87410

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 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-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 3850

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

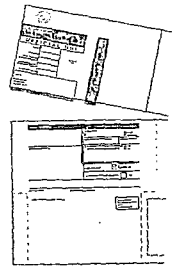
JOHN L MOSS
16874A N HWY 550
AZTEC, NM 87410

3. Service Type ☒ Certified

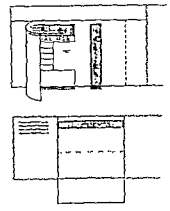
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP (
ENVELOPE TO THE RIG
OF THE RETURN ADDR



2. Article Number

7110 6605 9590 0012 3850

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bill Moss ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Bill Moss | C. Date of Delivery 9/2

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN L MOSS
16874A N HWY 550
AZTEC, NM 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123850
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

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7110 6605 9590 0012 3867

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
JOHN L TURNER
Street, Apt. No.; or PO Box No.
PO BOX 329
City, State, Zip+4
PORT ARANSAS, TX 78373

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

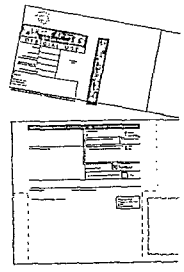
CERTIFIED MAIL™

7110 6605 9590 0012 3867

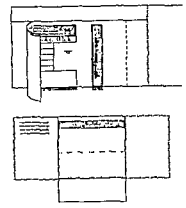
JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Batch #: 2192
Article #: 71106605959000123867
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCD-1 rev. 01/07

2. Article Number

7110 6605 9590 0012 3867

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3867

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John L Turner ☐ Agent ☒ Addressee

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

1. Article Addressed to:

JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123867
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
7110 6605 9590 0012 3874

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To: JOHN L. LANCASTER, III
Street, Apt. No.; or PO Box No.: 6000 INTERFIRST PLAZA
City, State, Zip+4: 901 MAIN STREET DALLAS, TX 75202

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

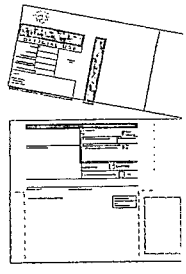
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 3874

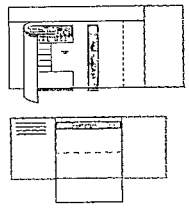
JOHN L. LANCASTER, III
6000 INTERFIRST PLAZA
901 MAIN STREET
DALLAS, TX 75202

Batch #: 2192
Article #: 71106605959000123874
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8, rev. 01/07

2. Article Number
7110 6605 9590 0012 3874

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN L. LANCASTER, III
6000 INTERFIRST PLAZA
901 MAIN STREET
DALLAS, TX 75202

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 3874

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 901 Main Street, Suite 6000 Dallas, Texas 75202 ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) MCKSON MARK C. Date of Delivery 9-8-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN L. LANCASTER, III
6000 INTERFIRST PLAZA
901 MAIN STREET
DALLAS, TX 75202

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123874
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3881

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Form 3800, August 2006 PSN 7530-02-000-9047 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 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-2 rev. 01/07

2. Article Number

7110 6605 9590 0012 3881

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

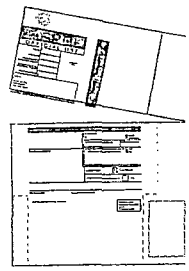
JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373

3. Service Type ☒ Certified

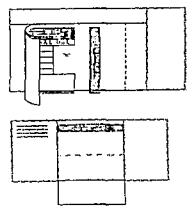
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0012 3881

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

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

1. Article Addressed to:

JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2192
Article #: 71106605959000123881
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 3898

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

Street, Apt. No.; or PO Box No.
City, State, Zip+4

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 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-3811 rev. 01/07

2. Article Number
7110 6605 9590 0012 3898

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

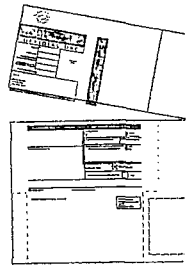
JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

3. Service Type ☒ Certified

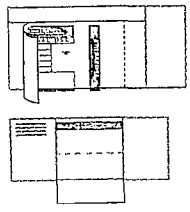
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number
7110 6605 9590 0012 3898

COMPLETE THIS SECTION ON DELIVERY

A. Signature JoAnn Meade
X JoAnn 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

1. Article Addressed to:

JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

~~Code: Allocation Project - D.Howell~~

Batch #: 2192
Article #: 71106605959000123898
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 3904

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN P CUNNINGHAM
5227 E CALLE REDONDO
PHOENIX, AZ 85018

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

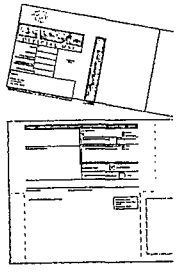
CERTIFIED MAIL™

7110 6605 9590 0012 3904

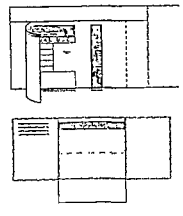
JOHN P CUNNINGHAM
5227 E CALLE REDONDO
PHOENIX, AZ 85018

Batch #: 2192
Article #: 71106605959000123904
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3904

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN P CUNNINGHAM
5227 E CALLE REDONDO
PHOENIX, AZ 85018

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3904

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

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

1. Article Addressed to:

JOHN P CUNNINGHAM
5227 E CALLE REDONDO
PHOENIX, AZ 85018

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

PHOENIX AZ ARCADIA 85018 SEP 2010 USPS

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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7110 6605 9590 0012 3911

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JOHN PATRICK WILLIAMS LIV TR DTD 8/
Street, Apt. No.; or PO Box No.
321 CLARK DR
City, State, Zip+4
AZTEC, NM 87410

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 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-[illegible] Rev. 01/07

2. Article Number
7110 6605 9590 0012 3911

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

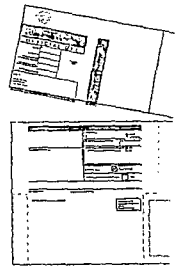
1. Article Addressed to:
JOHN PATRICK WILLIAMS LIV TR DTD 8/
321 CLARK DR
AZTEC, NM 87410

3. Service Type ☒ Certified

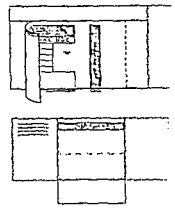
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGI OF THE RETURN ADDRE



2. Article Number
7110 6605 9590 0012 3911

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John P. Williams ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) John P. Williams | C. Date of Delivery 9-3-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:
JOHN PATRICK WILLIAMS LIV TR DTD 8/
321 CLARK DR
AZTEC, NM 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123911
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 3928

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN PETTUS
800 S. CAMINO DEL RIO
DURANGO, CO 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

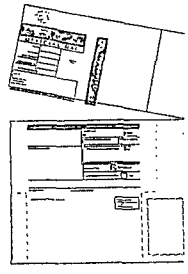
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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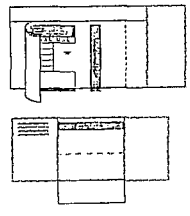

Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 3928

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN PETTUS
800 S. CAMINO DEL RIO
DURANGO, CO 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3928

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kelly Roth ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) KELLY ROTH | C. Date of Delivery 9-7-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN PETTUS
800 S. CAMINO DEL RIO
DURANGO, CO 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123928
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 3935

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

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

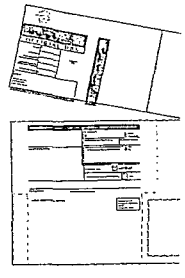
CERTIFIED MAIL™

7110 6605 9590 0012 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 #:

1 SEPARATE AT PERFORATION



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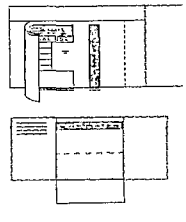

Reorder Form LCD-[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 3935

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3935

COMPLETE THIS SECTION ON DELIVERY

X [illegible] ☒ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123935
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 3942

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JOHN S BROWN JR
C/O ABQ ENERGY GROUP
Street, Apt. No.; or PO Box No.
3022 CORRALES RD
City, State, Zip+4
CORRALES, NM 87048

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

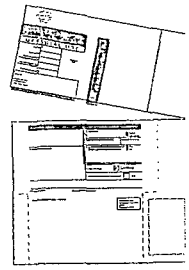
CERTIFIED MAIL™

7110 6605 9590 0012 3942

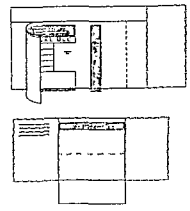
JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

Batch #: 2192
Article #: 71106605959000123942
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0012 3942

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3942

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marina Welch ☒ Agent ☐ Addressee

B. Received by (*Printed Name*) Marina Welch C. Date of Delivery 9/2/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123942
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
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7110 6605 9590 0012 3959

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

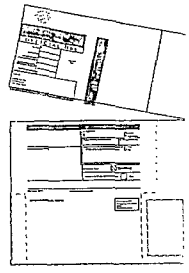
CERTIFIED MAIL™

7110 6605 9590 0012 3959

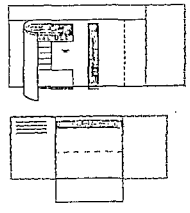
JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504

Batch #: 2192
Article #: 71106605959000123959
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 3959

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3959

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

USPS SANTA FE, NM 87501
SANTA FE MAIN POST OFFICE

Batch #: 2192
Article #: 71106605959000123959
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3966

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN S ROACH
3120 SW SENA DR
TOPEKA, KS 66604-1640

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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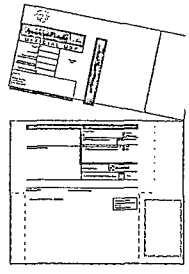
7110 6605 9590 0012 3966

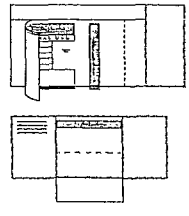
JOHN S ROACH
3120 SW SENA DR
TOPEKA, KS 66604-1640

Batch #: 2192
Article #: 71106605959000123966
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-[illegible] rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3966	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: JOHN S ROACH 3120 SW SENA DR TOPEKA, KS 66604-1640	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 #: 2192
Article #: 71106605959000123966
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 3973

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

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 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

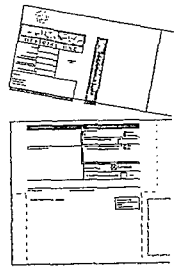
JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

3. Service Type ☒ Certified

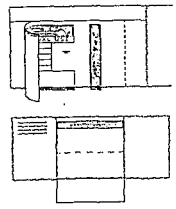
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



2. Article Number

7110 6605 9590 0012 3973

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123973
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3980

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
JOHN SHEPHERD BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
Street, Apt. No.; or PO Box No.
PO BOX 1588
City, State, Zip+4
TULSA, OK 74101

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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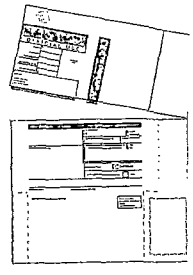
7110 6605 9590 0012 3980

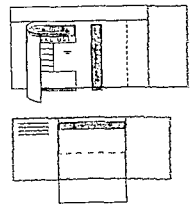
JOHN SHEPHERD BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2192
Article #: 71106605959000123980
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8[illegible] rev. 01/07

2. Article Number

7110 6605 9590 0012 3980

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN SHEPHERD BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 3980

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHN SHEPHERD BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000123980
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 3997

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOHN W BARRINGER
1054 LYNNWOOD BLVD
NASHVILLE, TN 37215-4512

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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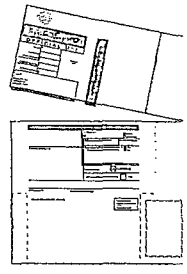
7110 6605 9590 0012 3997

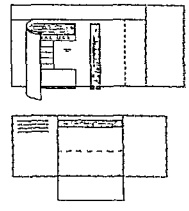
JOHN W BARRINGER
1054 LYNNWOOD BLVD
NASHVILLE, TN 37215-4512

Batch #: 2192
Article #: 71106605959000123997
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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 3997	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: JOHN W BARRINGER 1054 LYNNWOOD BLVD NASHVILLE, TN 37215-4512	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**

Reorder Form LCD-[illegible] rev. 01/07

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2192
Article #: 71106605959000123997
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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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4000

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JOHNNY MARTINEZ
Street, Apt. No.; or PO Box No.
2308 E 10TH ST
City, State, Zip+4
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

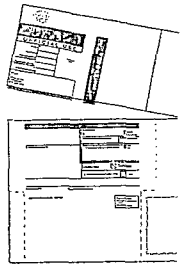
CERTIFIED MAIL™

7110 6605 9590 0012 4000

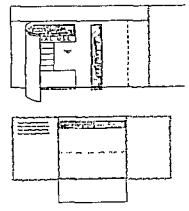
JOHNNY MARTINEZ
2308 E 10TH ST
FARMINGTON, NM 87401

Batch #: 2192
Article #: 71106605959000124000
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 4000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHNNY MARTINEZ
2308 E 10TH ST
FARMINGTON, NM 87401

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOHNNY MARTINEZ
2308 E 10TH ST
FARMINGTON, NM 87401

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124000
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 4017

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JON E KALB
2207 SUNNY SLOPE DR
AUSTIN, TX 78703

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

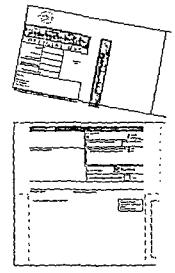
CERTIFIED MAIL™

7110 6605 9590 0012 4017

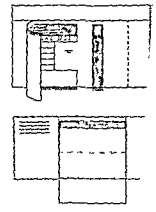
JON E KALB
2207 SUNNY SLOPE DR
AUSTIN, TX 78703

Batch #: 2192
Article #: 71106605959000124017
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP ENVELOPE TO THE R OF THE RETURN ADD



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4017

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JON E KALB
2207 SUNNY SLOPE DR
AUSTIN, TX 78703

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4017

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judith R. Kalb ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Judith R. Kalb | C. Date of Delivery 9.7.10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JON E KALB
2207 SUNNY SLOPE DR
AUSTIN, TX 78703

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 HER

PS Form 3811 **Domestic Return Receipt**

U.S. Postal Service™

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7110 6605 9590 0012 4024

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

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City, State, Zip+4

JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

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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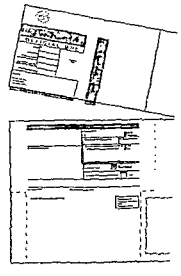
7110 6605 9590 0012 4024

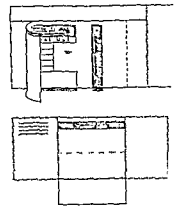
JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

Batch #: 2192
Article #: 71106605959000124024
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN(PLACE LABEL AT TOP OI ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-[illegible] Rev. 01/07

2. Article Number

7110 6605 9590 0012 4024

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4024

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jon Anderson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Jon Anderson | C. Date of Delivery 9/4/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124024
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3 LIFT HERE

PS Form 3811 **Domestic Return Receipt**

U.S. Postal Service™
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7110 6605 9590 0012 4031

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JORGENSEN FAMILY TRUST JUNE 7 1996
5728 E FARM RD 168
ROGERSVILLE, MO 65742

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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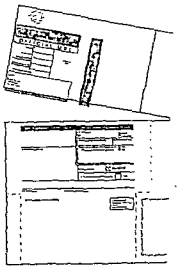
7110 6605 9590 0012 4031

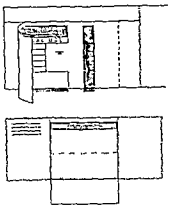
JORGENSEN FAMILY TRUST JUNE 7 1996
5728 E FARM RD 168
ROGERSVILLE, MO 65742

Batch #: 2192
Article #: 71106605959000124031
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4031

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JORGENSEN FAMILY TRUST JUNE 7 1996
5728 E FARM RD 168
ROGERSVILLE, MO 65742

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4031

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Richard A Barnes ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) RICHARD A BARNES C. Date of Delivery 9/1/09

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JORGENSEN FAMILY TRUST JUNE 7 1996
5728 E FARM RD 168
ROGERSVILLE, MO 65742

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124031
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 Domestic Return Receipt

3 LIFT HERE

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7110 6605 9590 0012 4048

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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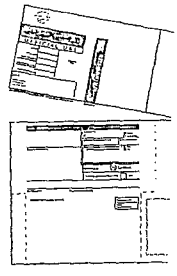
7110 6605 9590 0012 4048

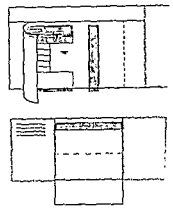
JOSE E & CLARA E GOMEZ LVG TR 4 18
PO BOX 520
AZTEC, NM 87410-0520

Batch #: 2192
Article #: 71106605959000124048
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP O
ENVELOPE TO THE RIGH
OF THE RETURN ADDRE



Reorder Form LCD- Rev. 01/07

2. Article Number

7110 6605 9590 0012 4048

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE E & CLARA E GOMEZ LVG TR 4 18
PO BOX 520
AZTEC, NM 87410-0520

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4048

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jose E Gomez ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) JOSE E GOMEZ | C. Date of Delivery 09-02-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE E & CLARA E GOMEZ LVG TR 4 18
PO BOX 520
AZTEC, NM 87410-0520

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

AZTEC
SEP 02 2010
NM

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
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
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City, State, Zip+4

JOSE E GOMEZ TRUST DTD 9/8/2004
PO BOX 1053
DULCE, NM 87528

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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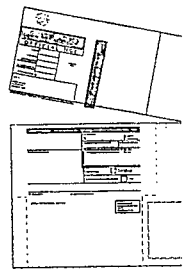
7110 6605 9590 0012 4055

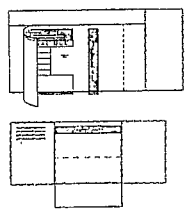
JOSE E GOMEZ TRUST DTD 9/8/2004
PO BOX 1053
DULCE, NM 87528

Batch #: 2192
Article #: 71106605959000124055
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 4055

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE E GOMEZ TRUST DTD 9/8/2004
PO BOX 1053
DULCE, NM 87528

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4055

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jose E. Gomez Jr ☐ Agent ☑ Addressee

B. Received by (*Printed Name*) Jose E. Gomez Jr C. Date of Delivery 9/3/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE E GOMEZ TRUST DTD 9/8/2004
PO BOX 1053
DULCE, NM 87528

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JOSE M SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
Street, Apt. No.; or PO Box No.
PO BOX 1588
City, State, Zip+4
TULSA, OK 74101

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE
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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-6 rev. 01/07

2. Article Number

7110 6605 9590 0012 4062

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

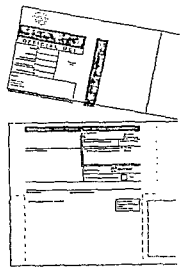
JOSE M SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

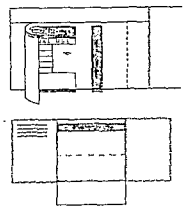
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



2. Article Number

7110 6605 9590 0012 4062

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE M SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

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 #:

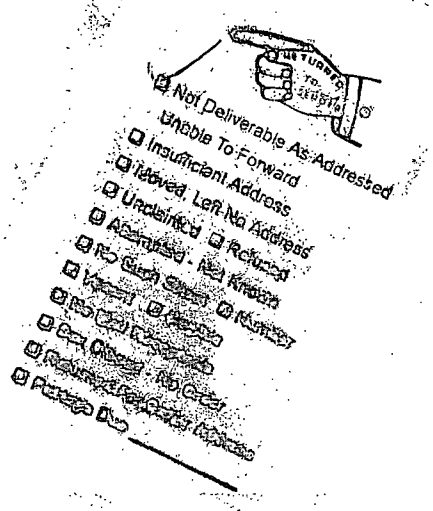
PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

Phillips

7110 6605 9590 0013 2968

MAILED FROM ZIPCODE 87402



JOSE MARIA ABEYTA
PO BOX 102

LOS OJOS, NM 87551

Deceased

AZ 9/17

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7110 6605 9590 0012 4079

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

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

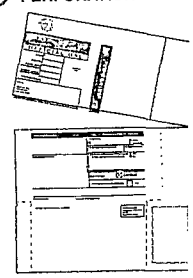
CERTIFIED MAIL™
PLACE CERTIFICATE ON ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7110 6605 9590 0012 4079

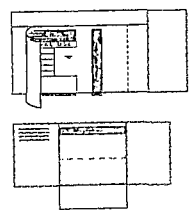
JOSE N SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2192
Article #: 71106605959000124079
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 4079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE N SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE N SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124079
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0013 3613

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: JOSE R HERNANDEZ
Street, Apt. No.; or PO Box No.: PO BOX 1432
City, State, Zip+4: MOSES LAKE, WA 98837

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

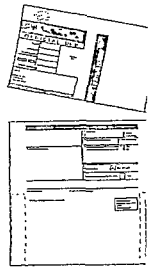
CERTIFIED MAIL™

7110 6605 9590 0013 3613

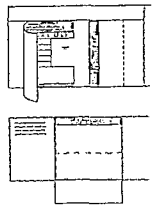
JOSE R HERNANDEZ
PO BOX 1432
MOSES LAKE, WA 98837

Batch #: 2272
Article #: 71106605959000133613
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

(1) SEPARATE AT PERFORATION



(2) REMOVE LABEL AND RECEIPT FROM BACI PLACE LABEL AT TOI ENVELOPE TO THE R OF THE RETURN ADI



Reorder Form LCD-3 rev. 01/07

2. Article Number

7110 6605 9590 0013 3613

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE R HERNANDEZ
PO BOX 1432

MOSES LAKE, WA 98837

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3613

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jose R. Hernandez ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery 9/15/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSE R HERNANDEZ
PO BOX 1432

MOSES LAKE, WA 98837

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 #:

PS Form 3811 **Domestic Return Receipt**

(3) LIFT HERE

APPROVED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 4086

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOSEPH C JASTRZEMBSKI
911 1ST ST NE
MINOT, ND 58703-2426

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 4086

JOSEPH C JASTRZEMBSKI
911 1ST ST NE
MINOT, ND 58703-2426

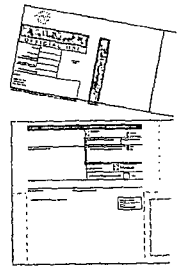
Batch #: 2192
Article #: 71106605959000124086
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

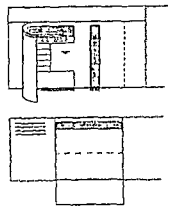
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4086	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: JOSEPH C JASTRZEMBSKI 911 1ST ST NE MINOT, ND 58703-2426	B. Received by (Printed Name) / C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
PLACE LABEL AT TOP C
ENVELOPE TO THE RIGI
OF THE RETURN ADDRI



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4086	A. Signature X Joseph C Jastrzembski ☐ Agent ☐ Addressee
1. Article Addressed to: JOSEPH C JASTRZEMBSKI 911 1ST ST NE MINOT, ND 58703-2426	B. Received by (Printed Name) Joseph C Jastrzembski / C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	SEP - 8 201
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0013 3620

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: JOSEPH MARTINEZ
Street, Apt. No.; or PO Box No.: 550 CANAVERAL GROVES BLVD
City, State, Zip+4: COCOA, FL 32926-4606

PS Form 3800, August 2006 — See Reverse for Instructions

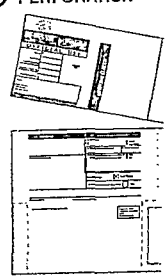
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 3620

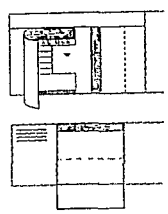
JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD
COCOA, FL 32926-4606

Batch #: 2272
Article #: 71106605959000133620
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD

COCOA, FL 32926-4606

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3620

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD

COCOA, FL 32926-4606

A. Signature
X Joseph Martinez ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Joseph Martinez | C. Date of Delivery 9-22-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☒ No

FLORIDA 86 USPS SEP 22 2010 COCOA FL

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™
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7110 6605 9590 0012 4093

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
JOSEPH RICHARD NICKSON TRUST
Street, Apt. No.; or PO Box No.
205 WEST 19TH ST APT 10F
City, State, ZIP+4
NEW YORK, NY 10011

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 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-4, Rev. 01/07

2. Article Number (Transfer from service label)
7110 6605 9590 0012 4093

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

JOSEPH RICHARD NICKSON TRUST
205 WEST 19TH ST APT 10F
NEW YORK, NY 10011

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

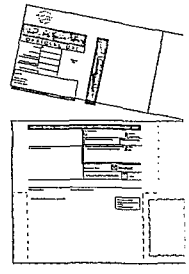
Code: Allocation Project - D.Howell

PS Form 3811 Domestic Return Receipt

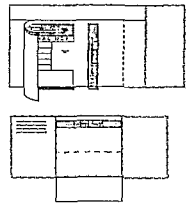
UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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

UNITED STATES POSTAL SERVICE APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0013 3637

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: JOSEPH W ESPINOSA
Street, Apt. No.; or PO Box No.: PO BOX 704
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

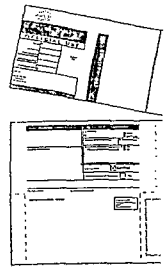
CERTIFIED MAIL™

7110 6605 9590 0013 3637

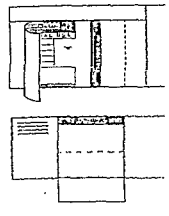
JOSEPH W ESPINOSA
PO BOX 704
PAGOSA SPRINGS, CO 81147

Batch #: 2272
Article #: 71106605959000133637
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 rev. 01/07

2. Article Number

7110 6605 9590 0013 3637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JOSEPH W ESPINOSA
PO BOX 704

PAGOSA SPRINGS, CO 81147

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carlos Espinosa ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) CARLOS ESPINOSA | C. Date of Delivery 9/22

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No
PO Box 704

1. Article Addressed to:

JOSEPH W ESPINOSA
PO BOX 704

PAGOSA SPRINGS, CO 81147

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

S. Postal Service
CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 4109

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
JOSHUA HAUSER
Street, Apt. No.; or PO Box No.
14601 BIXBY DR
City, State, Zip+4
WESTFIELD, IN 46074

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

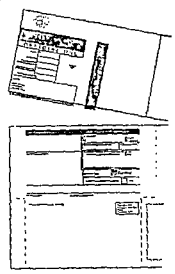
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4109

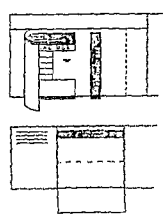
JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

Batch #: 2192
Article #: 71106605959000124109
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI PLACE LABEL AT TOP ENVELOPE TO THE RIC OF THE RETURN ADDF



Reorder Form LCD-8 , 01/07

2. Article Number
7110 6605 9590 0012 4109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:
JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 4109

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:
JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124109
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS Form 3811 **Domestic Return Receipt**

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U.S. Postal Service™
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For delivery information visit our website at www.usps.com

7110 6605 9590 0013 2975

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: JRB INVESTMENTS LLC
C/O REYNOLDS, HIX, & CO., P.A.
Street, Apt. No.; or PO Box No.: 6729 ACADEMY RD NE STE D
City, State, Zip+4: ALBUQUERQUE, NM 87109

PS Form 3800, August 2006 — See Reverse for Instructions

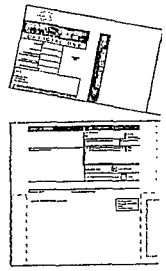
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0013 2975

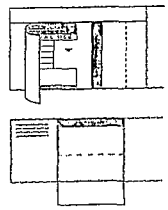
JRB INVESTMENTS LLC
C/O REYNOLDS, HIX, & CO., P.A.
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

Batch #: 2269
Article #: 71106605959000132975
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0013 2975

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JRB INVESTMENTS LLC
C/O REYNOLDS, HIX, & CO., P.A.
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 2975

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Meryl Good ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Meryl Good | C. Date of Delivery 9/16/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JRB INVESTMENTS LLC
C/O REYNOLDS, HIX, & CO., P.A.
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Batch #: 2269
Article #: 71106605959000132975
Date/Time: 9/14/2010 2:59:26 PM
Code:
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 4116

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JOYCE K ATTEBURY
3202 LIPSCOMB
AMARILLO, TX 79109-3536

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

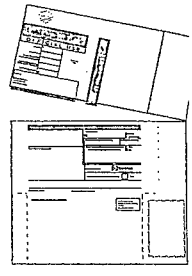
CERTIFIED MAIL™

7110 6605 9590 0012 4116

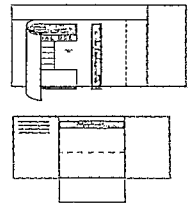
JOYCE K ATTEBURY
3202 LIPSCOMB
AMARILLO, TX 79109-3536

Batch #: 2192
Article #: 71106605959000124116
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

Reorder Form LCD-8 rev. 01/07

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
2. Article Number: 7110 6605 9590 0012 4116	A. Signature: X ☐ Agent ☐ Addressee
1. Article Addressed to: JOYCE K ATTEBURY 3202 LIPSCOMB AMARILLO, TX 79109-3536	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 #: 2192
Article #: 71106605959000124116
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4123

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JPT FAMILY JV 1
C/O JPMORGAN CHASE BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

Street, Apt. No.; or PO Box No.
City, State, Zip+4

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

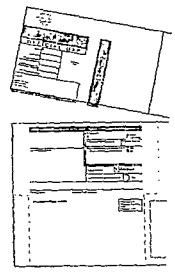
CERTIFIED MAIL™

7110 6605 9590 0012 4123

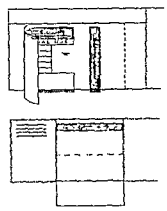
JPT FAMILY JV 1
C/O JPMORGAN CHASE BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2192
Article #: 71106605959000124123
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP (
ENVELOPE TO THE RIG
OF THE RETURN ADDR



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JPT FAMILY JV 1
C/O JPMORGAN CHASE BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4123

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JPT FAMILY JV 1
C/O JPMORGAN CHASE BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

SEP 2010 USPS

Batch #: 2192
Article #: 71106605959000124123
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4130

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

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 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

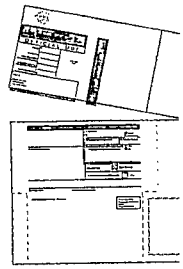
JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

3. Service Type ☒ Certified

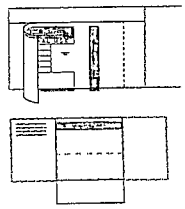
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



2. Article Number

7110 6605 9590 0012 4130

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melesia B. Atchley ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Melesia B. Atchley | C. Date of Delivery 9-3-10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124130
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4147

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JUAN R MONTANO REVOCABLE TRUST
10405 CALLE CONTENTO NW
ALBUQUERQUE, NM 87114

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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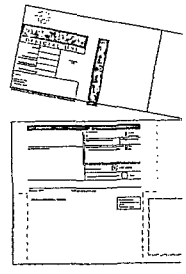
7110 6605 9590 0012 4147

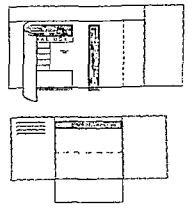
JUAN R MONTANO REVOCABLE TRUST
10405 CALLE CONTENTO NW
ALBUQUERQUE, NM 87114

Batch #: 2192
Article #: 71106605959000124147
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD-3 rev. 01/07

2. Article Number

7110 6605 9590 0012 4147

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUAN R MONTANO REVOCABLE TRUST
10405 CALLE CONTENTO NW
ALBUQUERQUE, NM 87114

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4147

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

BRIAN PADILLA | 9/8/10

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUAN R MONTANO REVOCABLE TRUST
10405 CALLE CONTENTO NW
ALBUQUERQUE, NM 87114

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ 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 #:

PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 4154

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

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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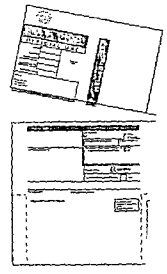
7110 6605 9590 0012 4154

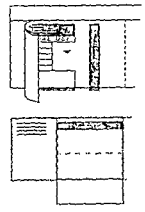
JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

Batch #: 2192
Article #: 71106605959000124154
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AN RECEIPT FROM BAC PLACE LABEL AT T ENVELOPE TO THE OF THE RETURN A



Reorder Form LCD-81 01/07

2. Article Number
7110 6605 9590 0012 4154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number
7110 6605 9590 0012 4154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pat Mahr ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Patrick MAHaffey C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

SEP 7 2010 USPS LOMPOC CA 93436

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:

PS Form 3811 **Domestic Return Receipt**

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For delivery information visit our website at www.usps.com®

7110 6605 9590 0013 3644

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To: JUANITA WALTERS
Street, Apt. No.; or PO Box No.: 5441 WAYSIDE
City, State, Zip+4: FORT WORTH, TX 76134

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™

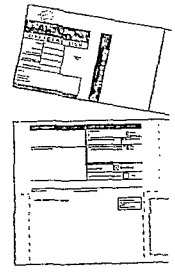
7110 6605 9590 0013 3644

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 #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN
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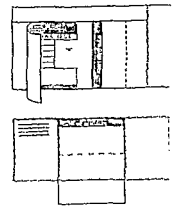
OF THE RETURN ADDRI



Reorder Form LCD-81 ... 01/07

2. Article Number

7110 6605 9590 0013 3644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUANITA WALTERS
5441 WAYSIDE

FORT WORTH, TX 76134

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Juanita Walters ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Juanita Walters | C. Date of Delivery 9-17-2010

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☒ No

1. Article Addressed to:

JUANITA WALTERS
5441 WAYSIDE

FORT WORTH, TX 76134

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 #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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7110 6605 9590 0012 4161

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

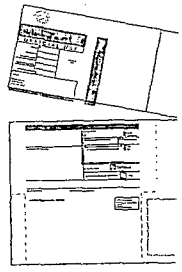
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4161

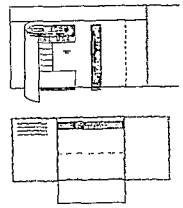
JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

Batch #: 2192
Article #: 71106605959000124161
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRES



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 4161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4161

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Hanttula ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

SEP - 7 2010
CARLSBAD, NM 88220-9998

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

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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3 LIFT HERE

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7110 6605 9590 0013 3651

Postage	$0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$5.54

Postmark Here

Sent To
JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107
Street, Apt. No.; or PO Box No.
LOS ANGELES, CA 90010-1902
City, State, Zip+4

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

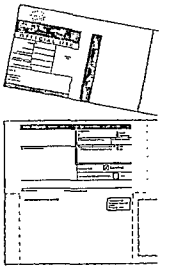
CERTIFIED MAIL™

7110 6605 9590 0013 3651

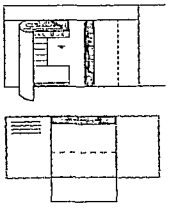
JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107
LOS ANGELES, CA 90010-1902

Batch #: 2272
Article #: 71106605959000133651
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKIN PLACE LABEL AT TOP O ENVELOPE TO THE RIGH OF THE RETURN ADDRE



Reorder Form LCD-81 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3651

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107

LOS ANGELES, CA 90010-1902

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number

7110 6605 9590 0013 3651

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ 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

1. Article Addressed to:

JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107

LOS ANGELES, CA 90010-1902

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

PS Form 3811 — Domestic Return Receipt

Batch #: 2272
Article #: 71106605959000133651
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 4178

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JUDITH SHAW TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

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 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

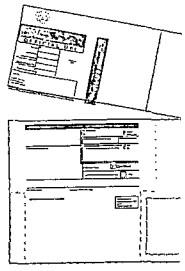
JUDITH SHAW TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

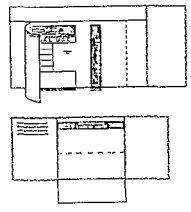
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0012 4178

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shirley K Shaw ☐ Agent ☐ Addressee

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

1. Article Addressed to:

JUDITH SHAW TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2192
Article #: 71106605959000124178
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

$ 06
SEP 0
02 1R
0006557587
MAILED FROM ZIPCODE

ATTE
NOT KN
NAME
1st Notice

7110 6605 9590 0012 4185

ConocoPhillips

RECEIVED
SEP 13 A.M.
BY

ATTEMPTED,
NOT KNOWN

JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

3058 1 21 09/08/10

NIXIE

RETURN TO SENDER
ATTEMPTED-NOT KNOWN
ATTEMPTED TO FORWARD
UNABLE TO SENDER
RETURN TO

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4185

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
JULIE B WYCKOFF
Street, Apt. No.; or PO Box No.
PO BOX 776
City, State, Zip+4
ASPEN, CO 81612

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

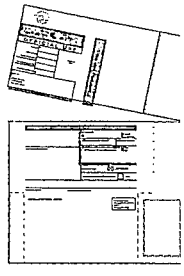
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4185

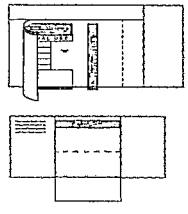
JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

Batch #: 2192
Article #: 71106605959000124185
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number
7110 6605 9590 0012 4185

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

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 #: 2192
Article #: 71106605959000124185
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

APPROVED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0012 4192

Postage	$ $1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

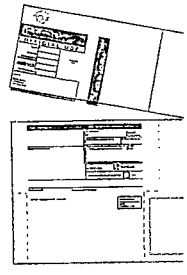
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 4192

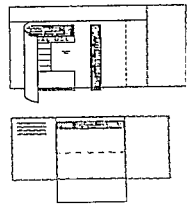
JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Batch #: 2192
Article #: 71106605959000124192
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 4192

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

1. Article Addressed to:

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4192

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jan Starr Agent ☐ Addressee

B. Received by (*Printed Name*) Jan Starr C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☒ No

ROSWELL NM USPS

1. Article Addressed to:

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

3. Service Type ☒ Certified

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

APPROVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

7110 6605 9590 0012 4208

Postage	$1.05
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.15

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, Zip+4

JUNE SIMMONS LIVELY
3529 BELLAIRE DR N
FORT WORTH, TX 76109-2110

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

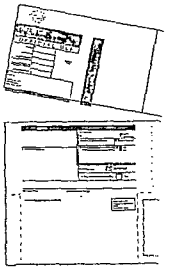
CERTIFIED MAIL™

7110 6605 9590 0012 4208

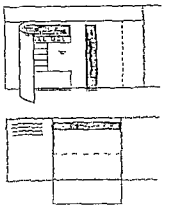
JUNE SIMMONS LIVELY
3529 BELLAIRE DR N
FORT WORTH, TX 76109-2110

Batch #: 2192
Article #: 71106605959000124208
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACKI
PLACE LABEL AT TOP
ENVELOPE TO THE RIG
OF THE RETURN ADDR



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If YES enter delivery address below: ☐ No

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FORT WORTH, TX 76109-2110

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PS Form 3811 **Domestic Return Receipt**