



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 2945

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2945

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

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

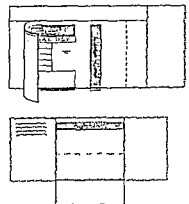
Reorder Form LCD-1 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: J BRYAN STEPHENSON PO BOX 840738 DALLAS, TX 75284-0738 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 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. Article Addressed to: J BRYAN STEPHENSON PO BOX 840738 DALLAS, TX 75284-0738 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 #:



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0012 2952

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2952

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

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

Reorder Form LCD 3800 Rev. 01/07

2. Article Number 7110 6605 9590 0012 2952	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: J BRYCE WYNNE LVG TRUST 2100 COBBLESTONE CT APT 115 EDMOND, OK 73034-4227	
Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

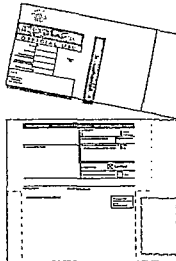
UNITED STATES POSTAL SERVICE



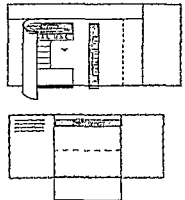
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

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



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

7110 6605 9590 0012 2969

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

Print To

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2969

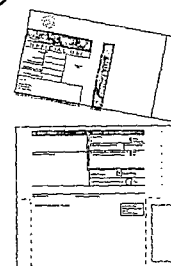
J FIDEL CANDELARIA & CORDELIA
OJO DE LA CUEVA
BLANCO, NM 87412

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

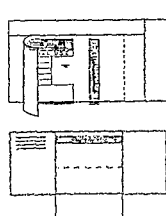
Reorder Form LCD-8 Rev. 01/07

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

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

3

LIFT HERE



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

7110 6605 9590 0012 2976

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

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

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



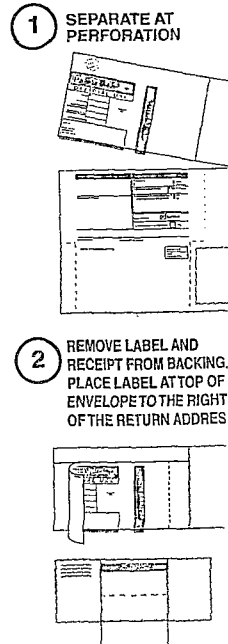
7110 6605 9590 0012 2976

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

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

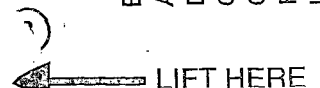
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2976	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
J GLENN TURNER JR 4809 COLE AVE, STE 212 DALLAS, TX 75205	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2976	A. Signature <i>Laura Grimmer</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Laura Grimmer 9/3/10</i>
J GLENN TURNER JR 4809 COLE AVE, STE 212 DALLAS, TX 75205	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information Visit our Web site at www.usps.com

7110 6605 9590 0012 2983

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

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

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 2983

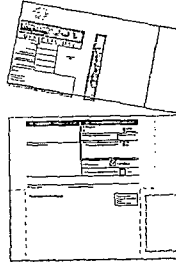
J GREGORY MERRION & RITA V MERRION
610 REILLY AVE
FARMINGTON, NM 87401

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

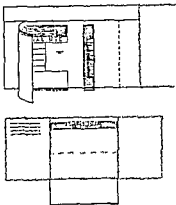
Reorder Form LCD-10 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: J GREGORY MERRION & RITA V MERRION 610 REILLY AVE FARMINGTON, NM 87401	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

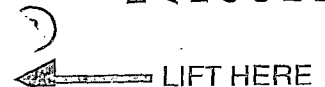


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 2983	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>P. Garcia</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>P. Garcia</i> <i>9/2</i> 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. Article Addressed to: J GREGORY MERRION & RITA V MERRION 610 REILLY AVE FARMINGTON, NM 87401	
Code: Allocation Project - D.Howell	

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





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 2990

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

Post To
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



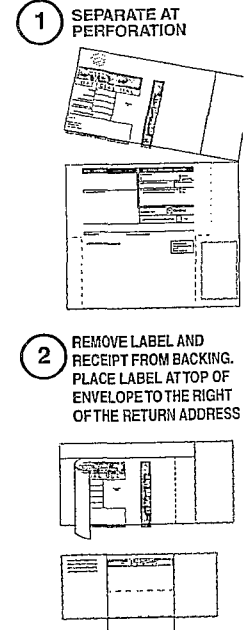
7110 6605 9590 0012 2990

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-844 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2990	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
J ROBERT JONES CHARITABLE TRUST 5129 SUNMORE CIR STE 101 MIDLAND, TX 79707-5126	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 2990	A. Signature X <i>MaryAnn Dziedzicki</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>MaryAnn Dziedzicki 9/5/10</i>
J ROBERT JONES CHARITABLE TRUST 5129 SUNMORE CIR STE 101 MIDLAND, TX 79707-5126	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 3010

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3010

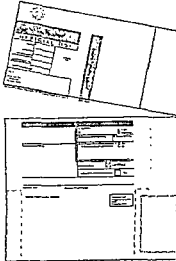
J. CHRIS CANDELARIA
PO BOX 348
BLANCO, NM 87412

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

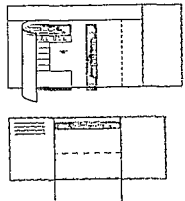
Reorder Form LCD 3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 3010	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. Article Addressed to: J. CHRIS CANDELARIA PO BOX 348 BLANCO, NM 87412 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 <i>J. Candelaria</i> ☐ Agent ☒ Addressee B. 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. Article Addressed to: J. CHRIS CANDELARIA PO BOX 348 BLANCO, NM 87412 Code: Allocation Project - D.Howell	

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



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
Postage and Insurance Coverage Provided
For more information, visit our website at www.usps.com
7110 6605 9590 0012 3003

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

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

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



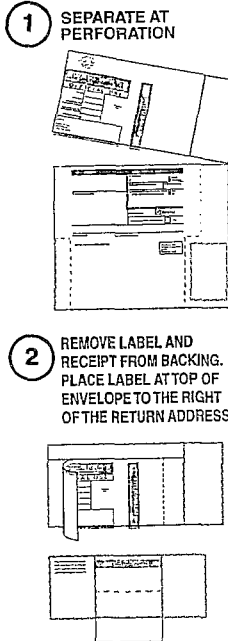
7110 6605 9590 0012 3003

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

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

Reorder Form LOD-3811 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 <i>Nicole Goveken</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Nicole Goveken</i> <i>09/08/10</i> 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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 3027

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3027

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

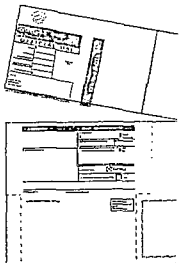
Batch #: 2191
Article #: 71106605959000123027
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

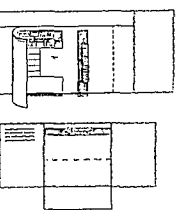
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3027	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JABCO LLP C/O BANK OF AMERICA NA PO BOX 840738 DALLAS, TX 75284-0738	D. Is delivery address different from item 1? ☐ 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 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 3027	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 04 2010
JABCO LLP C/O BANK OF AMERICA NA PO BOX 840738 DALLAS, TX 75284-0738	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 #: 71106605959000123027
Date/Time: 8/31/2010 12:09:20 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 3034

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

Postmark Here

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

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3034

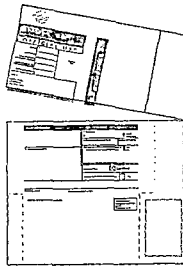
JACK B WILKINSON JR
P O BOX 305
MIDLAND, TX 79702

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

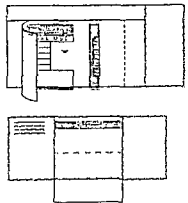
Reorder Form LCD-844R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3034	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JACK B WILKINSON JR P O BOX 305 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3034	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-7-10
JACK B WILKINSON JR P O BOX 305 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No JACK WILKINSON
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 3041

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

sent To

reet, Apt. No.;
PO Box No.,
ty, State, Zip+4

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

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



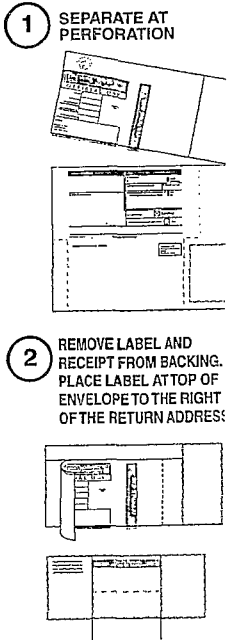
7110 6605 9590 0012 3041

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

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

Reorder Form LCD 2007 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3041	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JACQUEZ WIESER TRUST 1446 DETROIT, APT 4 DENVER, CO 80206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3041	A. Signature X <i>Nora Jacquez</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery NORA JACQUEZ 13 Sept 10
JACQUEZ WIESER TRUST 1446 DETROIT, APT 4 DENVER, CO 80206	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 3058

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

Postage To
JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



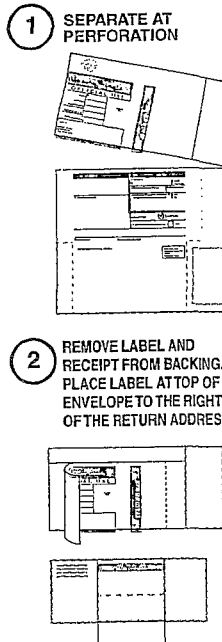
7110 6605 9590 0012 3058

JAKIE L MOSS
PO BOX 343
FLORA VISTA, NM 87415

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

Reorder Form LCD Rev. 01/07

2. Article Number 7110 6605 9590 0012 3058	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. Article Addressed to: JAKIE L MOSS PO BOX 343 FLORA VISTA, NM 87415 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3058	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mary Ann Moss</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>MARY ANN MOSS</i> <i>9-3-10</i> 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. Article Addressed to: JAKIE L MOSS PO BOX 343 FLORA VISTA, NM 87415 Code: Allocation Project - D.Howell	

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



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

7110 6605 9590 0012 3065

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



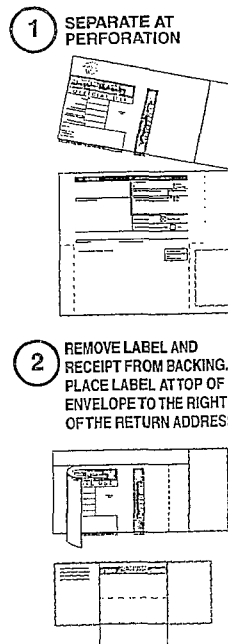
7110 6605 9590 0012 3065

JAMES B MACINTOSH
108 ALMOND CIRCLE
FRUITA, CO 81521

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

Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3065	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES B MACINTOSH 108 ALMOND CIRCLE FRUITA, CO 81521	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3065	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES B MACINTOSH 108 ALMOND CIRCLE FRUITA, CO 81521	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 3072

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

nt To
JAMES BEATTY NOLAND
2700 VISTA GRANDE NW #6
ALBUQUERQUE, NM 87120
et, Apt. No.;
PO Box No.
y, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



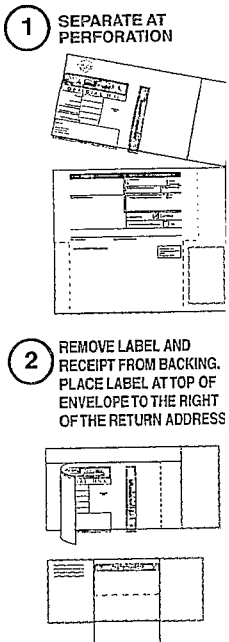
7110 6605 9590 0012 3072

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

Batch #: 2191
Article #: 711066059590000123072
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

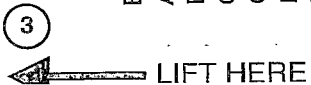
Reorder Form LCD 3811 rev. 01/07

2. Article Number 7110 6605 9590 0012 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JAMES BEATTY NOLAND 2700 VISTA GRANDE NW #6 ALBUQUERQUE, NM 87120 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) C. Date of Delivery CLINTON ALLEN 9/14/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JAMES BEATTY NOLAND 2700 VISTA GRANDE NW #6 ALBUQUERQUE, NM 87120 Code: Allocation Project - D.Howell	

Batch #: 2191
Article #: 711066059590000123072
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





US Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com

7110 6605 9590 0012 3140

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

At To
JAMES H ESSMAN
PO BOX 302
MIDLAND, TX 79702

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3140

JAMES H ESSMAN
PO BOX 302
MIDLAND, TX 79702

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

Reorder Form LCD-1 rev.01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3140	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES H ESSMAN PO BOX 302 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ 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

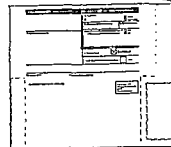
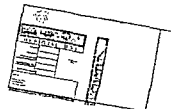
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3140	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAMES H ESSMAN PO BOX 302 MIDLAND, TX 79702	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery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

Code: Allocation Project - D.Howell

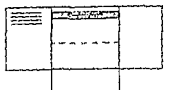
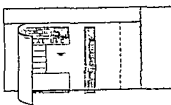
PS Form 3811

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



3

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

LIFT HERE

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

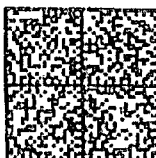
ConocoPhillips

7110 6605 9590 0012 3089

9-20

UNCLAIMED

UNCLAIMED
CARLSON
88220-9203



UNITED STATES
02 1R
0006557
MAILED FI

2nd 9-7
RT 9-17

7/3/10



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

7110 6605 9590 0012 3089

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

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

JAMES DUFFIN
806 TANOAN CT
CARLSBAD, NM 88220-9203

Form 3800, August 2006

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3089

JAMES DUFFIN
806 TANOAN CT
CARLSBAD, NM 88220-9203

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

Reorder Form LCD 841 R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3089	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES DUFFIN 806 TANOAN CT CARLSBAD, NM 88220-9203	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

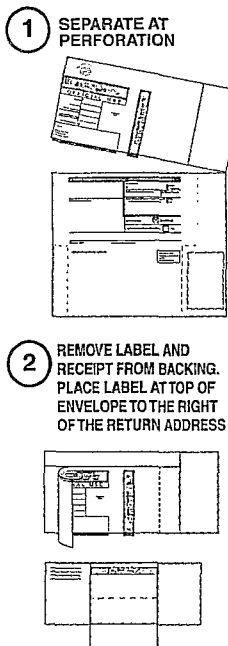


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2191
Article #: 71106605959000123089
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
(Certified Mail Only; No Insurance Coverage Provided)
For more information, visit our website at www.usps.com

7110 6605 9590 0012 3119

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

nt To

reet, Apt. No.;
PO Box No.
ty, 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



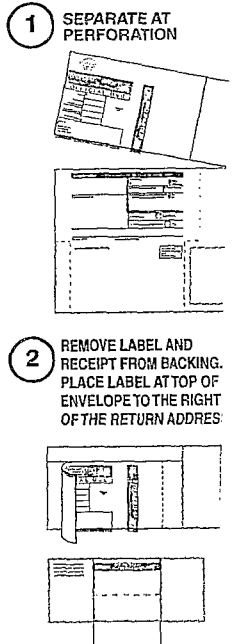
7110 6605 9590 0012 3119

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

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

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3119		
1. Article Addressed to:		
JAMES FITZGERALD III TRUST A PO BOX 3425 MIDLAND, TX 79702-3425		
	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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3119		
1. Article Addressed to:		
JAMES FITZGERALD III TRUST A PO BOX 3425 MIDLAND, TX 79702-3425		
	A. Signature X <i>Casady Fitzgerald</i> ☐ Agent ☐ Addressee	
	B. Received by (Printed Name) <i>Casady Fitzgerald</i>	C. Date of Delivery <i>8-31-10</i>
	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 #: 71106605959000123119
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Mail Only; No Insurance Coverage Provided
Information visit our website at www.usps.com

7110 6605 9590 0012 3126

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

To
James G HOHENSTEIN
7773 ARLINGTON DRIVE
BOULDER, CO 80303-3207

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



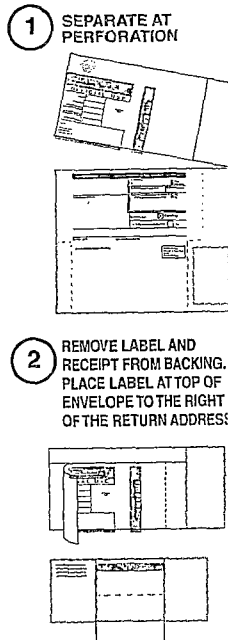
7110 6605 9590 0012 3126

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

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

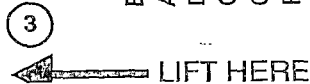
Reorder Form LCD-80 rev. 01/07

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3126	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery James G. Hohenstein 9/19/10
JAMES G HOHENSTEIN 7773 ARLINGTON DRIVE BOULDER, CO 80303-3207	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





7110 6605 9590 0012 3102

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

ent To

JAMES E JACKS
26784 DOWNS DR
GRAVOIS MILLS, MO 65037

reet, Apt. No.;
PO Box No.
ly, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3102

JAMES E JACKS
26784 DOWNS DR
GRAVOIS MILLS, MO 65037

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

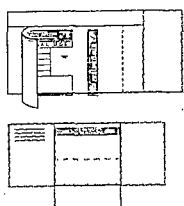
Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3102	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES E JACKS 26784 DOWNS DR GRAVOIS MILLS, MO 65037	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 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 3102	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES E JACKS 26784 DOWNS DR GRAVOIS MILLS, MO 65037	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

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



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

7110 6605 9590 0012 3133

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

nt To

James H Atwill
PO BOX 1810
PORT ARANSAS, TX 78373-1810

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



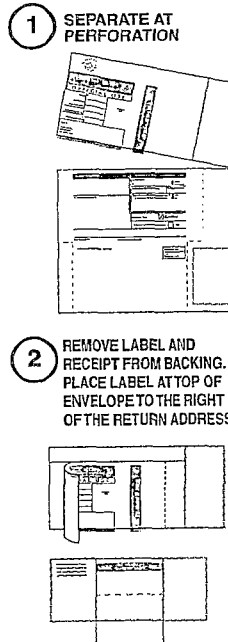
7110 6605 9590 0012 3133

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



2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3133	A. Signature <i>[Signature]</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES H ATWILL PO BOX 1810 PORT ARANSAS, TX 78373-1810	<i>JAMES H Atwill</i> <i>9/8/10</i>
Code: Allocation Project - D.Howell	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 #: 71106605959000123133
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For more information visit our Website at www.usps.com

7110 6605 9590 0012 3157

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3157

JAMES H HAMMONTREE
16705 REDBUD DRIVE
CATOOSA, OK 74015

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

Reorder Form LCD 944R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3157	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES H HAMMONTREE 16705 REDBUD DRIVE CATOOSA, OK 74015	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

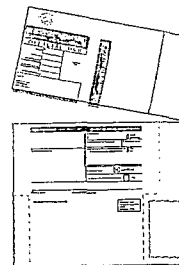
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3157	A. Signature X <i>Bonita Hammontree</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Bonita Hammontree</i> <i>9/9/10</i>
JAMES H HAMMONTREE 16705 REDBUD DRIVE CATOOSA, OK 74015	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

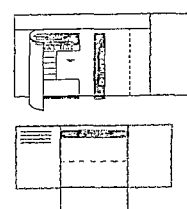
PS Form 3811

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



3

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

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For information visit our Web site at www.usps.com

7110 6605 9590 0012 3164

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

To
Attn: Apt. No.;
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



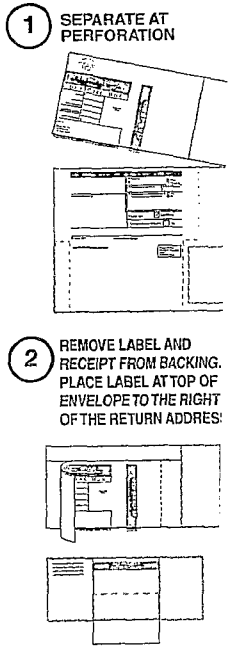
7110 6605 9590 0012 3164

**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-2 rev. 01/07

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



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

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information visit our website at www.usps.com

7110 6605 9590 0012 3171

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3171

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

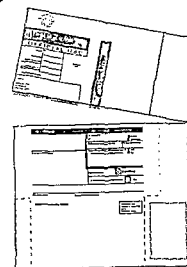
Batch #: 2191
Article #: 71106605959000123171
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-841R rev. 01/07

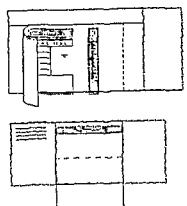
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3171	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES J RUBOW & NICKOLA A RUBOW JOI 105 SOL Y LOMAS SANTA FE, NM 87505	D. Is delivery address different from item 1? ☐ 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 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 3171	A. Signature X <i>Nickola A Rubow</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-2-10
JAMES J RUBOW & NICKOLA A RUBOW JOI 105 SOL Y LOMAS SANTA FE, NM 87505	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 #: 71106605959000123171
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 3188

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

nt To

James Kessler
1177 PUTNAM BLVD
WALLINGFORD, PA 19086

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3188

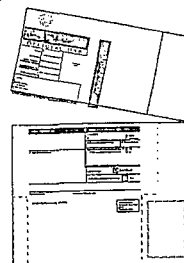
JAMES KESSLER
1177 PUTNAM BLVD
WALLINGFORD, PA 19086

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

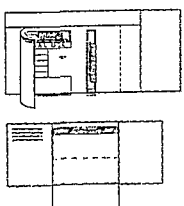
Reorder Form LCD-811 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3188	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES KESSLER 1177 PUTNAM BLVD WALLINGFORD, PA 19086	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3188	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES KESSLER 1177 PUTNAM BLVD WALLINGFORD, PA 19086	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





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

7110 6605 9590 0012 3195

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

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

JAMES L FASHING
2431 MEMPHIS ST
EL PASO, TX 79930

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3195

JAMES L FASHING
2431 MEMPHIS ST
EL PASO, TX 79930

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

Reorder Form LCP-111R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3195	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES L FASHING 2431 MEMPHIS ST EL PASO, TX 79930	D. Is delivery address different from item 1? ☐ 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
(Certified Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

7110 6605 9590 0013 3569

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

ent To
street, Apt. No.,
r PO Box No.
ity, State, Zip+4

JAMES LOUIS HILL
1608 CR 805
CLEBURNE, TX 76031

Form 3800, August 2006 See Reverse for Instructions



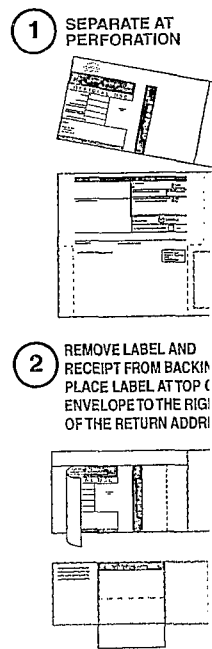
7110 6605 9590 0013 3569

JAMES LOUIS HILL
1608 CR 805
CLEBURNE, TX 76031

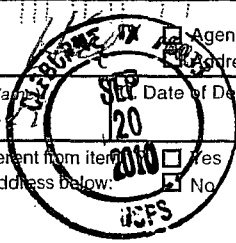
Batch #: 2272
Article #: 71106605959000133569
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3569	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES LOUIS HILL 1608 CR 805 CLEBURNE, TX 76031	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3569	A. Signature <i>James L Hill</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES LOUIS HILL 1608 CR 805 CLEBURNE, TX 76031	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



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



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

7110 6605 9590 0012 3201

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

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



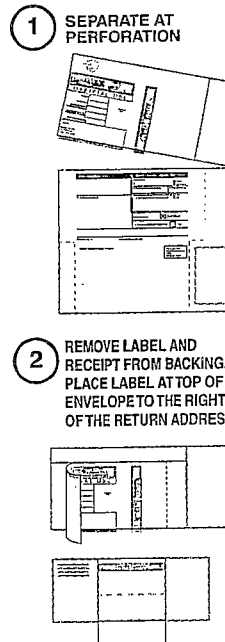
7110 6605 9590 0012 3201

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

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

Reorder Form LOD 3 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3201	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES MICHAEL NOLAND 14575 BONAIRE BLVD, APT 405 DELRAY BEACH, FL 33446	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3201	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES MICHAEL NOLAND 14575 BONAIRE BLVD, APT 405 DELRAY BEACH, FL 33446	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 3218

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

Postage To

Post Office, Apt. No.,
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



7110 6605 9590 0012 3218

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

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

Reorder Form LCD-941R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3218	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES P M ROACH 5826 LONG PARK RD CUMMING, GA 30040	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



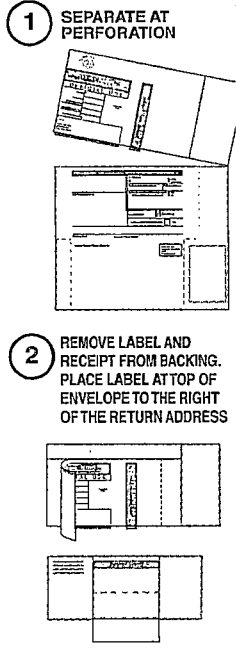
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

3

LIFT HERE





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

7110 6605 9590 0012 3225

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3225

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

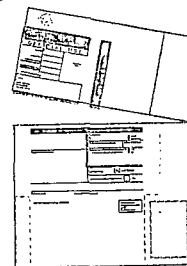
Batch #: 2191
Article #: 71106605959000123225
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-800R rev. 01/07

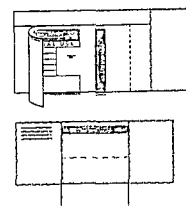
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3225	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES R LEETON JR SAN JUAN ROYALTY JV-90 ACCOUNT PO BOX 10561 MIDLAND, TX 79702	D. Is delivery address different from 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 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 3225	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES R LEETON JR SAN JUAN ROYALTY JV-90 ACCOUNT PO BOX 10561 MIDLAND, TX 79702	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 #: 71106605959000123225
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3232

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

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

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



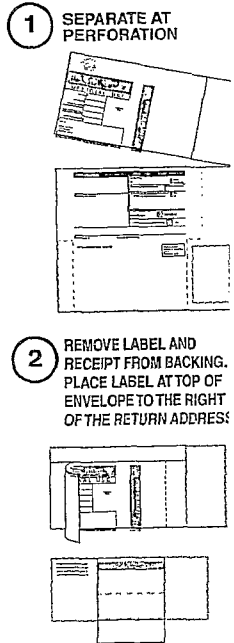
7110 6605 9590 0012 3232

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

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

Reorder Form LCD-800 rev. 01/07

2. Article Number 7110 6605 9590 0012 3232	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. Article Addressed to: JAMES R PAYNE & JEAN PAYNE 614 PASEO DEL BOSQUE N W ALBUQUERQUE, NM 87114-2277	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3232	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jean Payne</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) JEAN PAYNE C. Date of Delivery 8-2-10 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
1. Article Addressed to: JAMES R PAYNE & JEAN PAYNE 614 PASEO DEL BOSQUE N W ALBUQUERQUE, NM 87114-2277	
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 #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
Information Visit Our Website at www.usps.com
7110 6605 9590 0012 3249

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

Postage To
Street, Apt. No.;
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



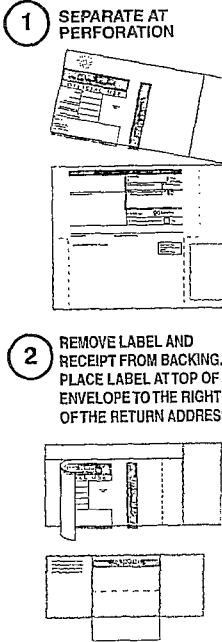
7110 6605 9590 0012 3249

JAMES ROBERT BEAMON
2603 AUGUSTA STE 1050
HOUSTON, TX 77057

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

Reorder Form LCD-9-0001 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JAMES ROBERT BEAMON 2603 AUGUSTA STE 1050 HOUSTON, TX 77057 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3249	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>M. Weber</i> <i>9/7/10</i> 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. Article Addressed to: JAMES ROBERT BEAMON 2603 AUGUSTA STE 1050 HOUSTON, TX 77057 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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com.
7110 6605 9590 0012 3256

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

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3256

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

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

Reorder Form LCD-3800 rev. 01/07

2. Article Number 7110 6605 9590 0012 3256	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JAMES SIMPSON III ET AL RESIDUARY ATTN PAT HUGHES 114 W 47TH ST 8TH FL NEW YORK, NY 10036-1532	
Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

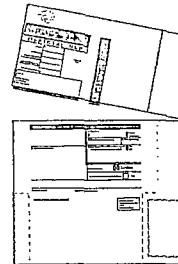
UNITED STATES POSTAL SERVICE



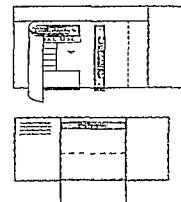
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

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

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For information visit our website at www.usps.com
7110 6605 9590 0012 3263

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

Postage to
Post Office, Apt. No.,
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



7110 6605 9590 0012 3263

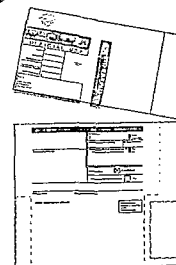
JAMES W CHILDRESS
PO BOX 3209
ROSWELL, NM 88202-3209

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

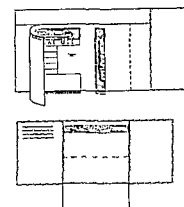
Reorder Form LCD 3800 Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JAMES W CHILDRESS PO BOX 3209 ROSWELL, NM 88202-3209 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 3263	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>JAMES W CHILDRESS</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery JAMES W CHILDRESS 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
1. Article Addressed to: JAMES W CHILDRESS PO BOX 3209 ROSWELL, NM 88202-3209 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 #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 3270

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3270

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

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

Reorder Form LCD-844B rev. 01/07

2. Article Number
7110 6605 9590 0012 3270

1. Article Addressed to:
JAMES WENDELL WEST
PO BOX 492382
LOS ANGELES, CA 90049-8382

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

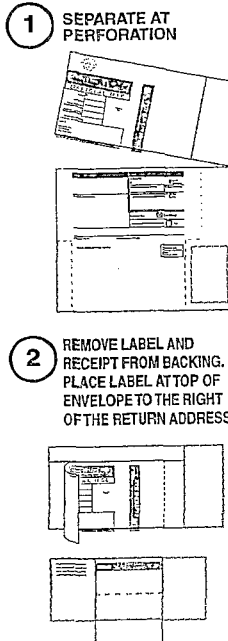
A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number
7110 6605 9590 0012 3270

1. Article Addressed to:
JAMES WENDELL WEST
PO BOX 492382
LOS ANGELES, CA 90049-8382

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 3287

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



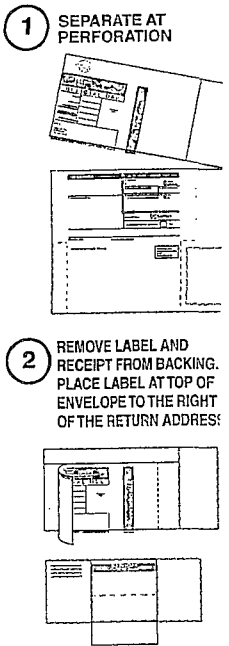
7110 6605 9590 0012 3287

JANA RAE STEELE
4339 FIRST COURT
LANTANA, FL 33462

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

Reorder Form LCD-8 rev. 01/07

2. Article Number 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 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 3294

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

Postmark Here

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



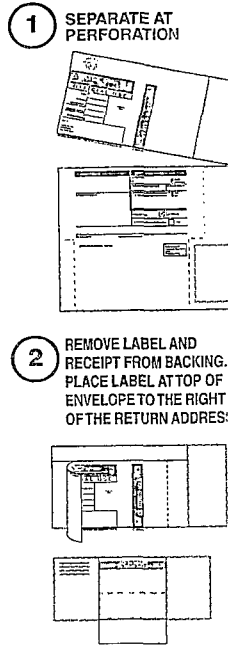
7110 6605 9590 0012 3294

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

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

Reorder Form LCD 811R 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JANE ANN BOND WHEELER 2609 LOCKHEED DR MIDLAND, TX 79701-3957 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JANE ANN BOND WHEELER 2609 LOCKHEED DR MIDLAND, TX 79701-3957 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 #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
For Mail Only. No Insurance Coverage Provided.
For information visit our website at www.usps.com
7110 6605 9590 0012 3317

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



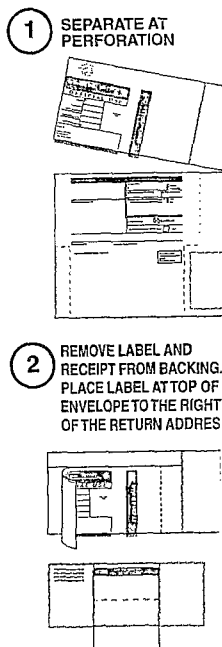
7110 6605 9590 0012 3317

JANE CLAIRE ROBERSON
2855 ARIZONA
LOS ALAMOS, NM 87544

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

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 3317	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. Article Addressed to: JANE CLAIRE ROBERSON 2855 ARIZONA LOS ALAMOS, NM 87544	
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) C. Date of Delivery Jane C. Roberson 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JANE CLAIRE ROBERSON 2855 ARIZONA LOS ALAMOS, NM 87544	
Code: Allocation Project - D.Howell	

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For more information visit our website at www.usps.com
7110 6605 9590 0012 3300

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

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

sent To

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

PS Form 3811, August 2006 PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3300

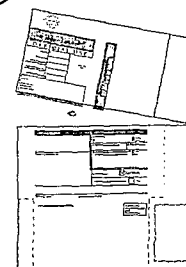
JANE C. GORDEN
11330 GREEN BAY DRIVE
HOUSTON, TX 77024

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

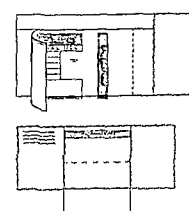
Reorder Form LCD 3811 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JANE C. GORDEN 11330 GREEN BAY DRIVE HOUSTON, TX 77024 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 3300	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jane C. Gordon</i> ☐ Agent ☐ Addressee B. 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. Article Addressed to: JANE C. GORDEN 11330 GREEN BAY DRIVE HOUSTON, TX 77024 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 #:



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

7110 6605 9590 0012 3324

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

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

Post Office
Post Office No.
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



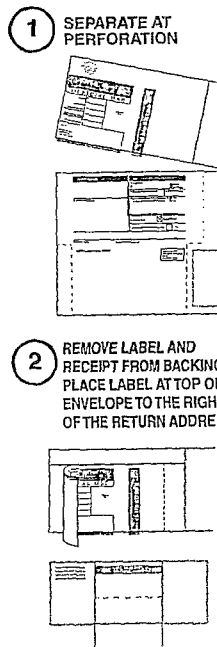
7110 6605 9590 0012 3324

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

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

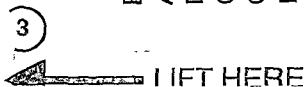
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3324	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JANE PHILLIPS LADOUCEUR 530 N MAIN ST, APT 311 BUTLER, PA 16001	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3324	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-4-10
JANE PHILLIPS LADOUCEUR 530 N MAIN ST, APT 311 BUTLER, PA 16001	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only; No Insurance Coverage Provided)
Information Visit Our Website at www.usps.com
7110 6605 9590 0012 3331

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

nt To

et, Apt. No.;
PO Box No.
y, 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



7110 6605 9590 0012 3331

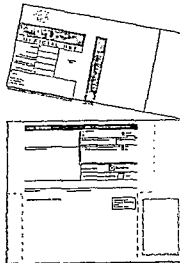
JANET B SELBE
1831 RIVERSIDE COURT
STEAMBOAT SPRINGS, CO 80487

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

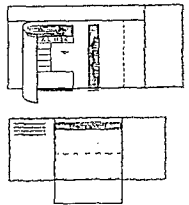
Reorder Form LCD-844R rev. 01/07

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 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 ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery Janet B. Selbe 08-04-2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3348

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

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

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

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3348

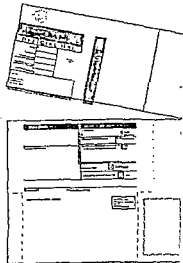
JANET ELIZABETH VOGT
13404 PIEDRA GRANDE PL NE
ALBUQUERQUE, NM 87111

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

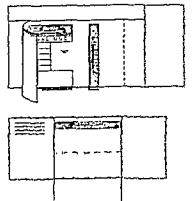
Reorder Form LCD-800B rev. 01/07

2. Article Number 7110 6605 9590 0012 3348	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. Article Addressed to: JANET ELIZABETH VOGT 13404 PIEDRA GRANDE PL NE ALBUQUERQUE, NM 87111 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 3348	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Janet V</i> ☐ Agent ☐ Addressee B. 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. Article Addressed to: JANET ELIZABETH VOGT 13404 PIEDRA GRANDE PL NE ALBUQUERQUE, NM 87111 Code: Allocation Project - D.Howell	

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



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

7110 6605 9590 0013 3576

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

sent To
JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3576

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

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

Reorder Form LCD-87 Rev. 01/07

2. Article Number

7110 6605 9590 0013 3576

1. Article Addressed to:

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

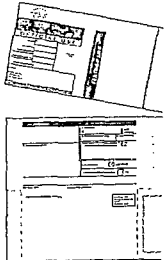
B. Received by (Printed Name) C. Date of Delivery

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

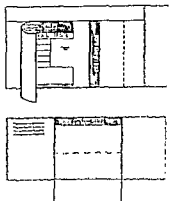
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0013 3576

1. Article Addressed to:

JANET SCHWARTZ KRAFT
10606 HONDO HILL RD
HOUSTON, TX 77064

COMPLETE THIS SECTION ON DELIVERY

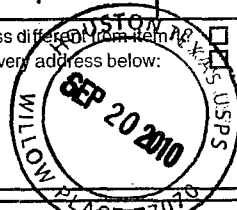
A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



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



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

7110 6605 9590 0012 3355

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

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

Int To

reet, Apt. No.;
PO Box No.
ty, State, Zip+4

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3355

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

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

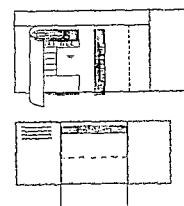
Reorder Form LCD-945 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3355	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JANICE P CAMPBELL PO BOX 2033 MIDLAND, TX 79702-1714	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 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 3355	A. Signature X <i>[Signature]</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>9-7-10</i>
JANICE P CAMPBELL PO BOX 2033 MIDLAND, TX 79702-1714	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 #: 71106605959000123355
Date/Time: 8/31/2010 12:09:21 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 3362

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3362

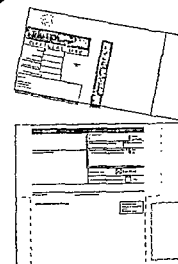
JAY GOTTSTEIN TRUST NOV 11 1992
4701 COLLEGE BLVD, SUITE 214
LEAWOOD, KS 66211

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

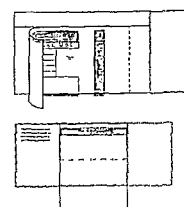
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3362	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JAY GOTTSTEIN TRUST NOV 11 1992 4701 COLLEGE BLVD, SUITE 214 LEAWOOD, KS 66211	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 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 3362	A. Signature X M. Blase	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) M. Blase	C. Date of Delivery 9-8-10
JAY GOTTSTEIN TRUST NOV 11 1992 4701 COLLEGE BLVD, SUITE 214 LEAWOOD, KS 66211	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 #: 71106605959000123362
Date/Time: 8/31/2010 12:09:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 3379

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

Post To
Jayne Griffith
340 CR 239
Durango, CO 81301

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



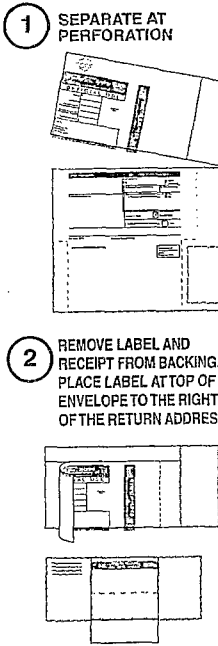
7110 6605 9590 0012 3379

JAYNE GRIFFITH
340 CR 239
DURANGO, CO 81301

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

Reorder Form LCD-800 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JAYNE GRIFFITH 340 CR 239 DURANGO, CO 81301	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3379	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Sunday Campbell</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Sunday Campbell</i> <i>9-4-10</i> 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. Article Addressed to: JAYNE GRIFFITH 340 CR 239 DURANGO, CO 81301	
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 #:



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

7110 6605 9590 0013 3583

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

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

street, Apt. No.,
PO Box No.
ity, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3583

JB RIVERS JR
2329 NW 54TH

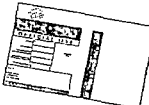
OKLAHOMA CITY, OK 73112

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

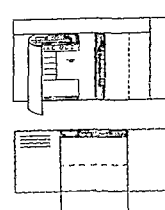
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3583	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JB RIVERS JR 2329 NW 54TH OKLAHOMA CITY, OK 73112	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 BACK. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3583	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JB RIVERS JR 2329 NW 54TH OKLAHOMA CITY, OK 73112	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

ConocoPhillips

7110 6605 9590 0012 3386

UNCLAIMED

 UNCLAIMED

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

23

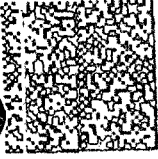
100

UNCL. NO.

90

SEP 1

UNITED STATES P
02 1P
0006557
MAILED F





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

7110 6605 9590 0012 3386

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

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

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

Form 3800, August 2006, PSN 7530-01-000-9000 See Reverse for Instructions

Code: Allocation Project - D.Howell



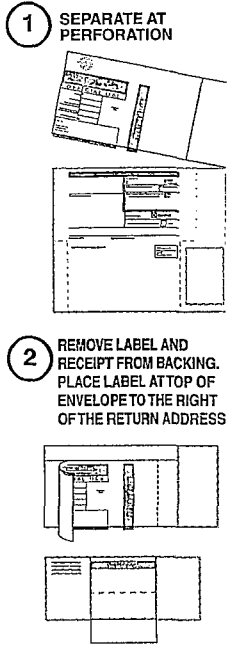
7110 6605 9590 0012 3386

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

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

Reorder Form LCD 3811 rev. 01/07

2. Article Number	7110 6605 9590 0012 3386
1. Article Addressed to:	
JEAN ASHLEY WARD CARTER 14622 UNDERWOOD CREEK WAY HOUSTON, TX 77062	
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

UNITED STATES POSTAL SERVICE

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

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

3
LEFT HERE

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



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

7110 6605 9590 0012 3393

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

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

JEAN F LOEPKEY
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3393

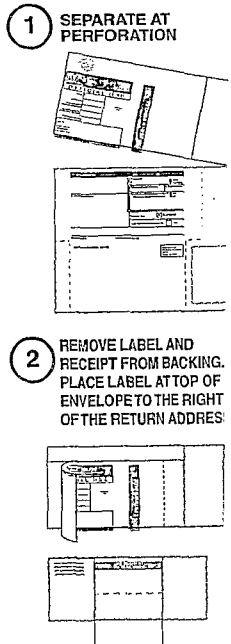
JEAN F LOEPKEY
21 CHARLESTON SQUARE
ORMOND BEACH, FL 32174

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

Reorder Form LCD, Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3393	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JEAN F LOEPKEY 21 CHARLESTON SQUARE ORMOND BEACH, FL 32174	D. Is delivery address different from item 1? ☐ 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 3393	A. Signature X <i>Jeon F. Loepkey</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>9/4/10</i>
JEAN F LOEPKEY 21 CHARLESTON SQUARE ORMOND BEACH, FL 32174	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 #: 71106605959000123393
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
Domestic Mail Only; No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 3416

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

Post To
Jeff H. Callow
626 CRAIG ST.
WALLA WALLA, WA 99362

Post Office
Post Office No.
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3416

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

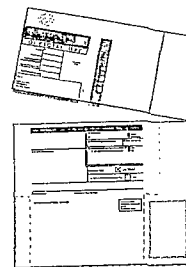
Batch #: 2191
Article #: 71106605959000123416
Date/Time: 8/31/2010 12:09:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 rev. 01/07

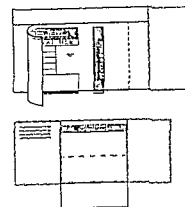
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3416	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JEFF H. CALLOW 626 CRAIG ST. WALLA WALLA, WA 99362	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 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 3416	A. Signature X <i>Jeff H. Callow</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9/7/10
JEFF H. CALLOW 626 CRAIG ST. WALLA WALLA, WA 99362	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 #: 71106605959000123416
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
Domestic Mail Only; No Insurance Coverage Provided
For more information visit your website at www.usps.com

7110 6605 9590 0012 3409

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

ent To

reet, Apt. No.;
PO Box No.
ty, 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



7110 6605 9590 0012 3409

JEAN J JAEGGI
5820 BELLE AVE
DAVENPORT, IA 52807

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

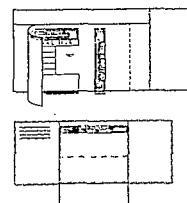
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3409	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JEAN J JAEGGI 5820 BELLE AVE DAVENPORT, IA 52807	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3409	A. Signature X <i>John Jaeggi</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>John Jaeggi</i> <i>9-4-10</i>
JEAN J JAEGGI 5820 BELLE AVE DAVENPORT, IA 52807	D. Is delivery address different from item 1? ☒ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0012 3423

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

To
Jeffrey Caswell Neal
1311 Doepp Drive
Carlsbad, NM 88220

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3423

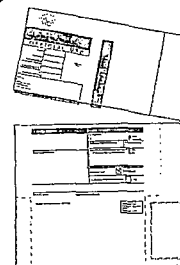
JEFFREY CASWELL NEAL
1311 DOEPP DRIVE
CARLSBAD, NM 88220

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

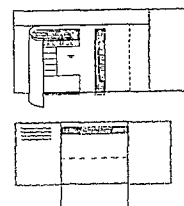
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 3423	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. Article Addressed to: JEFFREY CASWELL NEAL 1311 DOEPP DRIVE CARLSBAD, NM 88220 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 3423	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. Article Addressed to: JEFFREY CASWELL NEAL 1311 DOEPP DRIVE CARLSBAD, NM 88220 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 #:

3



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

7110 6605 9590 0013 2944

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

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

Form 3800, August 2006 See Reverse for Instructions

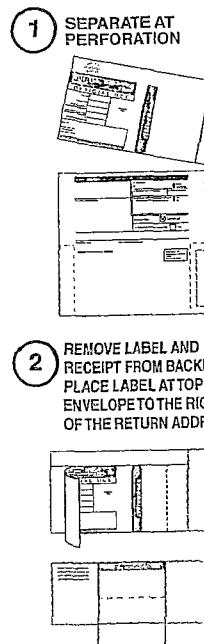


7110 6605 9590 0013 2944

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

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2944	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JENNIFER AHO TR 1391 SMT CHASE DR SNELLVILLE DRIVE, GA 30078	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 2944	A. Signature X <i>Barbara Aho</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Barbara Aho</i> <i>9/20/10</i>
JENNIFER AHO TR 1391 SMT CHASE DR SNELLVILLE DRIVE, GA 30078	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



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

7110 6605 9590 0012 3430

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

nt To
et, Apt. No.,
PO Box No.,
y, 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



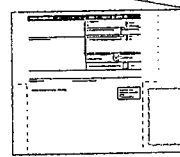
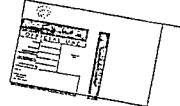
7110 6605 9590 0012 3430

JENNIFER ERIN LAMB
5792 MYRA AVE
CYPRESS, CA 90630

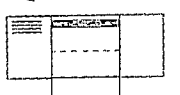
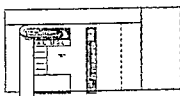
Batch #: 2191
Article #: 71106605959000123430
Date/Time: 8/31/2010 12:09:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-844R rev. 01/07

1 SEPARATE AT PERFORATION

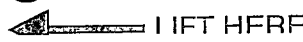


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



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



2. Article Number

7110 6605 9590 0012 3430

1. Article Addressed to:

JENNIFER ERIN LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7110 6605 9590 0012 3430

1. Article Addressed to:

JENNIFER ERIN LAMB
5792 MYRA AVE
CYPRESS, CA 90630

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X Robert Lamb

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

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

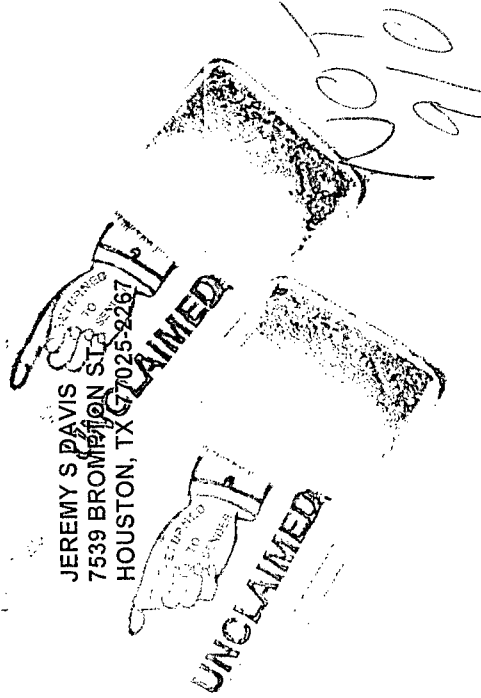
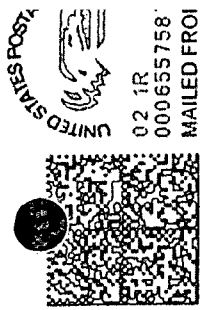
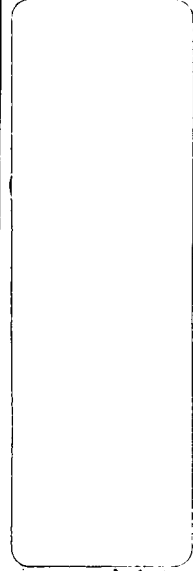
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

San Juan Business
PO Box 4289
Farmington NM 87499-4289

 **ConocoPhillips**

7110 6605 9590 0012 3447





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

7110 6605 9590 0012 3447

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

Postage to
Jeremy S Davis
7539 BROMPTON ST
HOUSTON, TX 77025-2267

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3447

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

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

Reorder Form LCD-844R 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:	B. Received by (Printed Name) C. Date of Delivery
JEREMY S DAVIS 7539 BROMPTON ST HOUSTON, TX 77025-2267	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

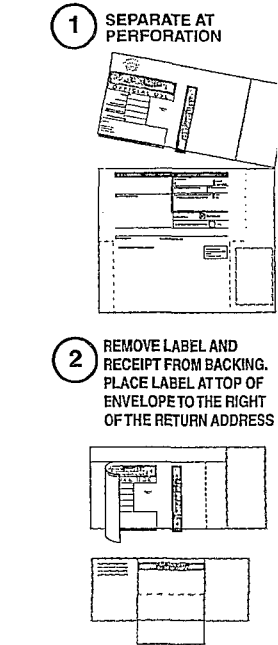
Domestic Return Receipt

UNITED STATES POSTAL SERVICE

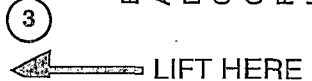


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
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 #:





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For more information, visit our Website at www.usps.com

7110 6605 9590 0012 3454

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

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3454

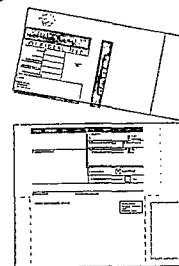
JERRY J ANDREW
408 LONGWOODS LANE
HOUSTON, TX 77024-5617

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

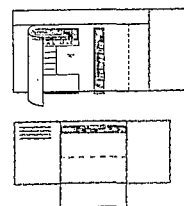
Reorder Form LCD 01/07

2. Article Number 7110 6605 9590 0012 3454	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. Article Addressed to: JERRY J ANDREW 408 LONGWOODS LANE HOUSTON, TX 77024-5617	
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 3454	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>B. Ayala</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>9-7-10</i> 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. Article Addressed to: JERRY J ANDREW 408 LONGWOODS LANE HOUSTON, TX 77024-5617	
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 #:



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

7110 6605 9590 0012 3461

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

Postage To
JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

Form 3800, August 2006. See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3461

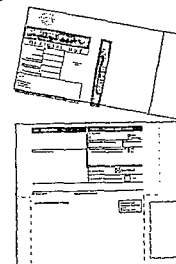
JESSE S RAYBOURN
207 WILSHIRE LANE
NEWARK, DE 19711

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

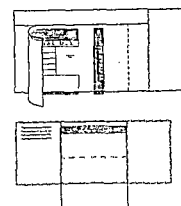
Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3461	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JESSE S RAYBOURN 207 WILSHIRE LANE NEWARK, DE 19711	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3461	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JESSE S RAYBOURN 207 WILSHIRE LANE NEWARK, DE 19711	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(No Mail Only; No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 3478

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

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

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



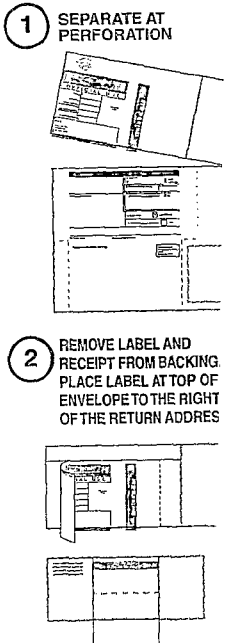
7110 6605 9590 0012 3478

JESSICA DAVANT STANLEY
13121 DELPHINUS WALK
AUSTIN, TX 78732

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

Reorder Form LCD- rev. 01/07

2: Article Number 7110 6605 9590 0012 3478	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. Article Addressed to: JESSICA DAVANT STANLEY 13121 DELPHINUS WALK AUSTIN, TX 78732 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 J. Howell 9/10/10 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
1. Article Addressed to: JESSICA DAVANT STANLEY 13121 DELPHINUS WALK AUSTIN, TX 78732 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 #:



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

7110 6605 9590 0012 3485

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

To
JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



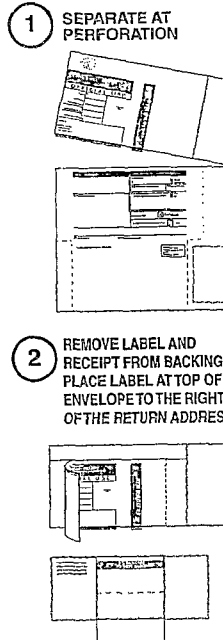
7110 6605 9590 0012 3485

JESSIE A. DENNIS
231 MIDDLEBURY
SAN ANTONIO, TX 78217

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

Reorder Form LCD-3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3485	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JESSIE A. DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3485	A. Signature X <i>Jessie A Dennis</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery JESSIE A DENNIS 9-07-10
JESSIE A. DENNIS 231 MIDDLEBURY SAN ANTONIO, TX 78217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



7110 6605 9590 0013 2951

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

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

Form 3800, August 2009 See Reverse for Instructions



7110 6605 9590 0013 2951

JESSIE LEE JOHNSON
11234 COONROD RD

CHEYENNE, WY 82009-8517

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

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

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

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

3

LIFT HERE



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

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

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

JESSIE L JOHNSON
11234 COONROD RD
CHEYENNE, WY 82009

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3492

JESSIE L JOHNSON
11234 COONROD RD
CHEYENNE, WY 82009

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

Reorder Form LCD 10/07 rev. 01/07

2. Article Number 7110 6605 9590 0012 3492	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: JESSIE L JOHNSON 11234 COONROD RD CHEYENNE, WY 82009 Code: Allocation Project - D.Howell	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

UNITED STATES POSTAL SERVICE



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

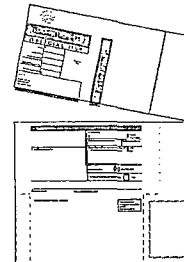
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

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

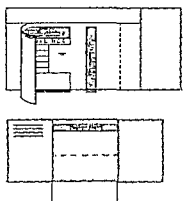
3

LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For 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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3508

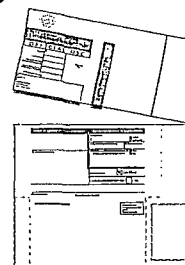
JESSIE S HASLER ET AL RESIDUARY TR
ATTN PAT HUGHES
114 W 47TG ST 8TH FL
NEW YORK, NY 10036-1532

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

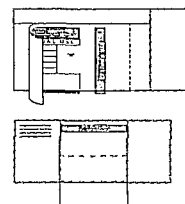
Reorder Form LCD 844R rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
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 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



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2191
Article #: 71106605959000123508
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
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0013 3590

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

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3590

JESSIE MAE WAKELAND
603 W PETER SMITH

FORT WORTH, TX 76104

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

2. Article Number 7110 6605 9590 0013 3590	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



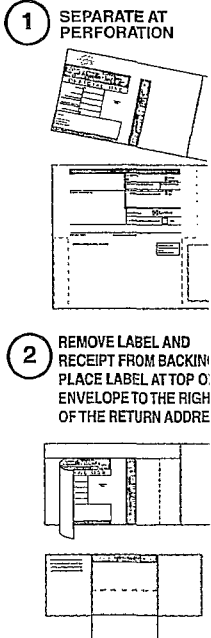
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lisa Hunter, Land Department
SJBUConocoPhillips
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





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

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

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

Post Office Box No.

City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3522

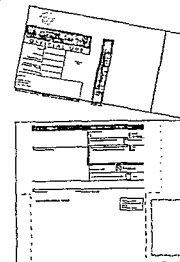
JILL M SOENS
728 EAST 4TH AVENUE
DURANGO, CO 81301

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

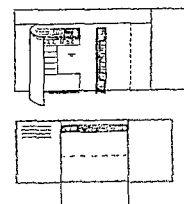
Reorder Form LCD 3800 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
1. Article Addressed to: JILL M SOENS 728 EAST 4TH AVENUE DURANGO, CO 81301	

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 3522	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jill M Soens</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Jill M Soens</i> <i>9/7/10</i> 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. Article Addressed to: 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 #:



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

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

Delivered to
JILL E CORNELL
5621 TIMBERLINE AVE NW
ALBUQUERQUE, NM 87120

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3515

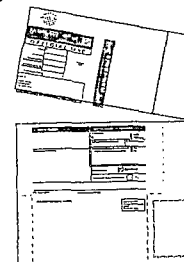
JILL E CORNELL
5621 TIMBERLINE AVE NW
ALBUQUERQUE, NM 87120

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

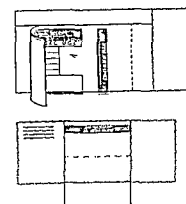
Reorder Form LCD 3811 R rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JILL E CORNELL 5621 TIMBERLINE AVE NW ALBUQUERQUE, NM 87120	
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 3515	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jill Cornell</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-02-2010 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JILL E CORNELL 5621 TIMBERLINE AVE NW ALBUQUERQUE, NM 87120	
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 #:

3



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Information Visit our website at www.usps.com
7110 6605 9590 0012 3539

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3539

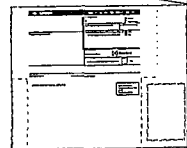
JIMMY L MALONE
33249 NEWBURY ST
YUCAIPA, CA 92399

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

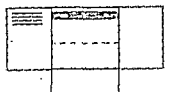
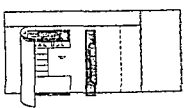
Reorder Form LCD-841R rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JIMMY L MALONE 33249 NEWBURY ST YUCAIPA, CA 92399 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 3539	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JIMMY L MALONE 33249 NEWBURY ST YUCAIPA, CA 92399 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 #:

3



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3546

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

Postage To
Post, Apt. No.,
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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



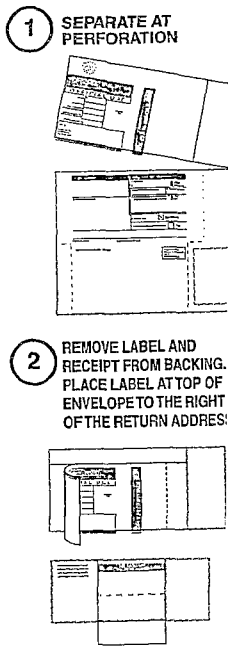
7110 6605 9590 0012 3546

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 #:

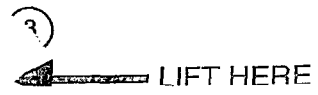
Reorder Form LCD-2006 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JMH OIL INC C/O BAUER FINANCIAL SERVICES 2960 CABIN DR W LOT 16 COLEHARBOR, ND 58531-9402 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3546	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Margaret Wertz</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Margaret Wertz</i> <i>9-7-10</i> 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. Article Addressed to: JMH OIL INC C/O BAUER FINANCIAL SERVICES 2960 CABIN DR W LOT 16 COLEHARBOR, ND 58531-9402 Code: Allocation Project - D.Howell	

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





U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For information, visit our website at www.usps.com
7110 6605 9590 0012 3553

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



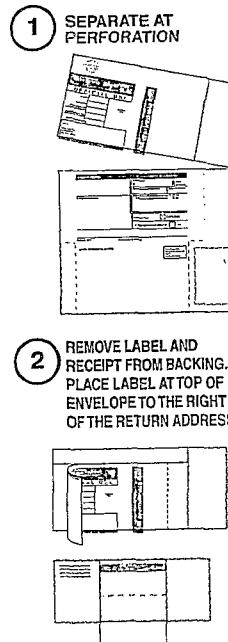
7110 6605 9590 0012 3553

JO ANN DENITO
30 CROCKETT CIRCLE
LEVELLAND, TX 79336

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

Reorder Form LCD 100 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--



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 J. Denito 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

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



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

7110 6605 9590 0012 3096

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

ent To

reet, Apt. No.;
PO Box No.
ty, State, Zip+4

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



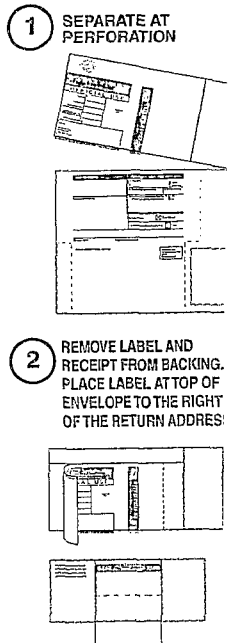
7110 6605 9590 0012 3096

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

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

Reorder Form LCD R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3096	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JAMES E DAVANT DVM PO BOX 695 BLESSING, TX 77419-0695	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3096	A. Signature X <i>Raiana Y...</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-20
JAMES E DAVANT DVM PO BOX 695 BLESSING, TX 77419-0695	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0012 3560

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



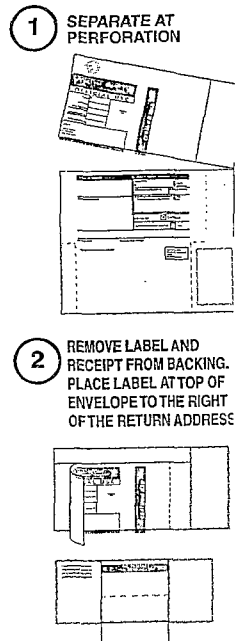
7110 6605 9590 0012 3560

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

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

Reorder Form LCD-944R 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JO ELLEN SERRANO NBU 3017 CR 5398 #6 FARMINGTON, NM 87401	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3560	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jo Ellen Serrano</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Jo Ellen Serrano</i> <i>9-8-10</i> 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. Article Addressed to: JO ELLEN SERRANO NBU 3017 CR 5398 #6 FARMINGTON, NM 87401	
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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information, visit our website at www.usps.com
7110 6605 9590 0012 3577

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

Postage To
JOAN A CORNELL
5009 PONDEROSA NE
ALBUQUERQUE, NM 87110
Post Office, Apt. No.,
PO Box No.
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



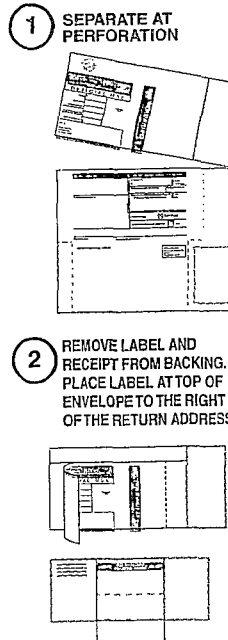
7110 6605 9590 0012 3577

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-844R 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--



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) C. Date of Delivery Joan A. Cornell D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes 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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3584

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

Post To
JOAN BEATTY COZBY
PO BOX 94
DURANGO, CO 81302

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



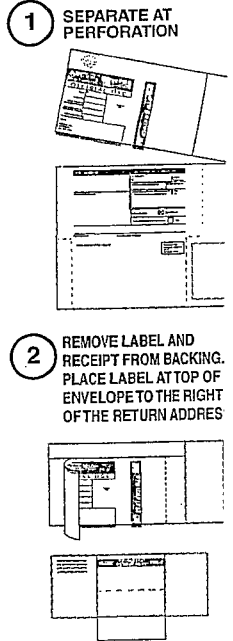
7110 6605 9590 0012 3584

JOAN BEATTY COZBY
PO BOX 94
DURANGO, CO 81302

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

Reorder Form LCD-811 Rev. 01/07

2. Article Number 7110 6605 9590 0012 3584	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 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

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

GENUINIFIED MAIL™

1111 6605 9590 0012 3591

02 15
00065570
MAILED FF

Nov 21

U.S. DEPARTMENT OF AGRICULTURE

REPORT OF SUPERVISOR

1. The first step is to identify the problem or question.
 2. Next, we need to gather relevant information and data.
 3. Then, we analyze the information to understand the underlying causes.
 4. After that, we develop a plan or strategy to address the issue.
 5. Finally, we implement the plan and monitor the results.

10 Mailed
10/4/10
204

செய்து: 10/11/2019

9.2



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3591

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

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

JOAN DERRY
5825 COLBY ST
OAKLAND, CA 94618-1224

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3591

JOAN DERRY
5825 COLBY ST
OAKLAND, CA 94618-1224

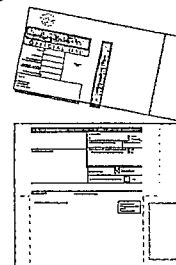
Batch #: 2191
Article #: 71106605959000123591
Date/Time: 8/31/2010 12:09:22 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

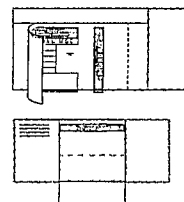
2. Article Number 7110 6605 9590 0012 3591	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOAN DERRY 5825 COLBY ST OAKLAND, CA 94618-1224	

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



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2191
Article #: 71106605959000123591
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
(Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 3607

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

Postage
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3607

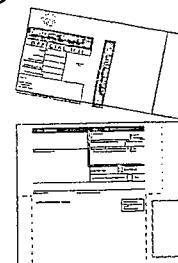
JOAN E. MYER
315 ELDRIDGE LN
LAWRENCE, KS 66049-4127

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

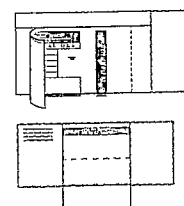
Reorder Form LCD-8-01 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOAN E. MYER 315 ELDRIDGE LN LAWRENCE, KS 66049-4127 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 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOAN E. MYER 315 ELDRIDGE LN LAWRENCE, KS 66049-4127 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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3614

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



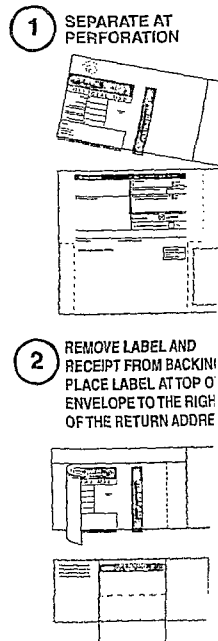
7110 6605 9590 0012 3614

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOAN MATTHEWS 5329 SANTA TERESA DR EL PASO, TX 79932 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3614	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Billy Smith</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Billy Smith</i> <i>8/31/10</i> 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. Article Addressed to: JOAN MATTHEWS 5329 SANTA TERESA DR EL PASO, TX 79932 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 #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 3621

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

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

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

Form 3800, August 2006 Seal Reverse for Instructions

Code: Allocation Project - D.Howell



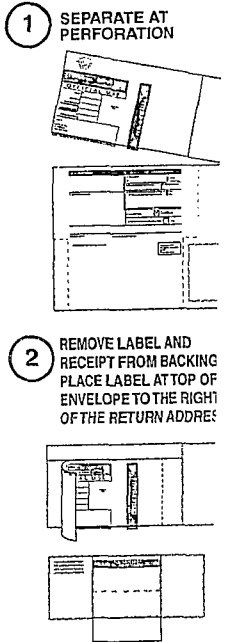
7110 6605 9590 0012 3621

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

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

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 3621	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. Article Addressed to: JOANN BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3621	COMPLETE THIS SECTION ON DELIVERY: A. Signature X Cheryl Good ☐ Agent ☐ Addressee B. Received by (Printed Name) Cheryl Good 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
1. Article Addressed to: JOANN BRIGGS C/O REYNOLDS HIX & CO 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109 Code: Allocation Project - D.Howell	

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



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

7110 6605 9590 0012 3638

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

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



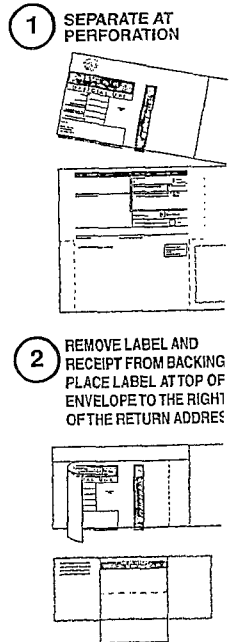
7110 6605 9590 0012 3638

JOANN DENNIS DENITTO
30 CROCKETT CIR
LEVELLAND, TX 79336

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

Reorder Form LCD-81 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3638	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOANN DENNIS DENITTO 30 CROCKETT CIR LEVELLAND, TX 79336	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3638	A. Signature ☐ Agent X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOANN DENNIS DENITTO 30 CROCKETT CIR LEVELLAND, TX 79336	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
Information visit our website at www.usps.com

7110 6605 9590 0012 3645

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

nt To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3645

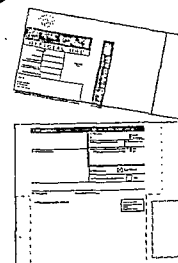
JOANNE C LORENCE
520 CHESTNUT
ATLANTIC, IA 50022

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

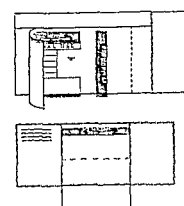
Reorder Form LCD-800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3645	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOANNE C LORENCE 520 CHESTNUT ATLANTIC, IA 50022	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3645	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOANNE C LORENCE 520 CHESTNUT ATLANTIC, IA 50022	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(All Other Mail Insurance Coverage Provided)
Delivery information visit our website at www.usps.com
7110 6605 9590 0012 3652

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3652

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

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

Reorder Form LCD-81 01/07

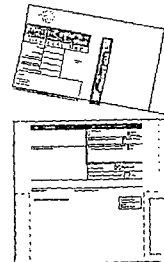
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3652	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOANNE CALLAN 1028 SANTA FLORENCIA SOLANA BEACH, CA 92075-1516	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

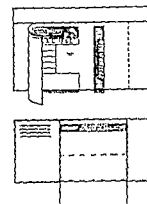
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3652	A. Signature X <i>Joanne S. Callan</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOANNE CALLAN 1028 SANTA FLORENCIA SOLANA BEACH, CA 92075-1516	D. Is delivery address different 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 BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



3

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



US Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
7110 6605 9590 0012 3669

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

Postage to
Joe F Elledge
PO BOX 111
FARMINGTON, NM 87499

Form 3800, August 2006 2 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3669

JOE F ELLEDGE
PO BOX 111
FARMINGTON, NM 87499

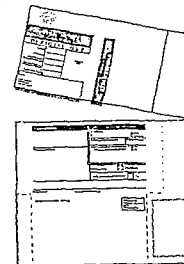
Batch #: 2191
Article #: 71106605959000123669
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 Rev. 01/07

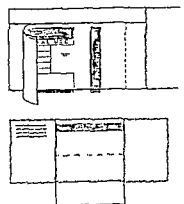
2. Article Number 7110 6605 9590 0012 3669	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOE F ELLEDGE PO BOX 111 FARMINGTON, NM 87499	

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 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOE F ELLEDGE PO BOX 111 FARMINGTON, NM 87499	

Code: Allocation Project - D.Howell

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

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)
For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 3676

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

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

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3676

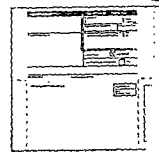
JOE G JAQUEZ & GREGORITA G JAQUEZ
38 CR 3020
AZTEC, NM 87410

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

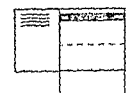
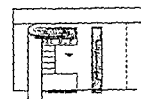
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 3676	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. Article Addressed to: JOE G JAQUEZ & GREGORITA G JAQUEZ 38 CR 3020 AZTEC, NM 87410 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TO ENVELOPE TO THE FRONT OF THE RETURN AD



2. Article Number 7110 6605 9590 0012 3676	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Deanna G. Howell</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>9-10-10</i> 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. Article Addressed to: JOE G JAQUEZ & GREGORITA G JAQUEZ 38 CR 3020 AZTEC, NM 87410 Code: Allocation Project - D.Howell	

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

3



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

7110 6605 9590 0012 3683

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

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

JOE LOPEZ ESTATE
PO BOX 355
BLANCO, NM 87412

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



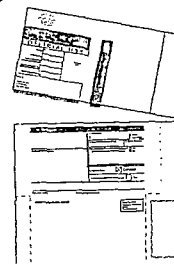
7110 6605 9590 0012 3683

JOE LOPEZ ESTATE
PO BOX 355
BLANCO, NM 87412

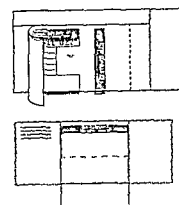
Batch #: 2191
Article #: 71106605959000123683
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

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

3

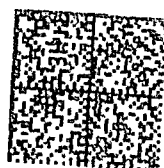
San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

 **Conocophillips**

7110 6605 9590 0012 3690

2/1/8
9-20

UNCLAIMED
TO SENDER
JOE MARTINEZ
1008 S. BOTLER
FARMINGTON, NM 87401



UNITED STATES POST
02 1R
000655756
MAILED FRC

9/12



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
Information visit our website at www.usps.com

7110 6605 9590 0012 3706

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

Ant To
JOE P TRUJILLO
P O BOX 351
FARMINGTON, NM 87401

Form 3811, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3706

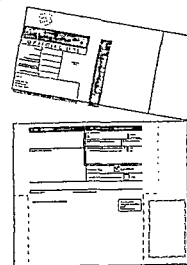
JOE P TRUJILLO
P O BOX 351
FARMINGTON, NM 87401

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

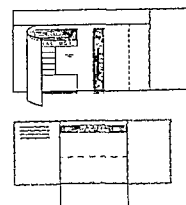
Reorder Form LCD-814B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3706	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOE P TRUJILLO P O BOX 351 FARMINGTON, NM 87401	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	

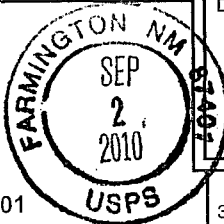
1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM 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 3706	A. Signature X <i>Rose A. Trujillo</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Rose A. Trujillo</i> <i>9-2-10</i>
JOE P TRUJILLO P O BOX 351 FARMINGTON, NM 87401	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 #: 71106605959000123706
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 3713

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

sent To

Post Office, Apt. No.,
PO Box No.,
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



7110 6605 9590 0012 3713

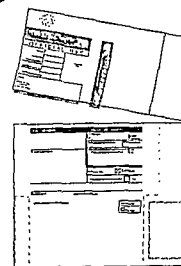
JOE RENEE ABBOTT
3733 AVENIDA PALO VERDE
BONITA, CA 91902-1007

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

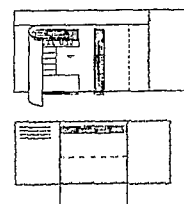
Reorder Form LCD-844 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3713	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOE RENEE ABBOTT 3733 AVENIDA PALO VERDE BONITA, CA 91902-1007	D. Is delivery address different from item 1? ☐ 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

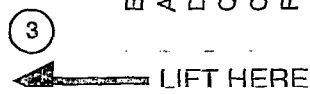


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3713	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOE RENEE ABBOTT 3733 AVENIDA PALO VERDE BONITA, CA 91902-1007	D. Is delivery address different from item 1? ☐ 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 #: 71106605959000123713
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only; No Insurance Coverage Provided
Information visit our website at www.usps.com

7110 6605 9590 0012 3720

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

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



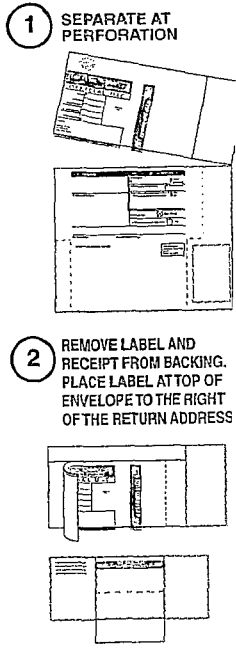
7110 6605 9590 0012 3720

JOHN A. WALL
PO BOX 915
SOCORRO, NM 87801

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

Reorder Form LCD-811B rev. 01/07

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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3720	A. Signature X <i>James L. Holtz</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN A. WALL PO BOX 915 SOCORRO, NM 87801	<i>JAMES L. Holtz</i> <i>9-910</i>
Code: Allocation Project - D.Howell	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 #: 71106605959000123720
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
Mail Only; No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0012 3737

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

At To
JOHN B ALLINSON JR
PO BOX 21834
WACO, TX 76702
Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4

Code: Allocation Project - D.Howell



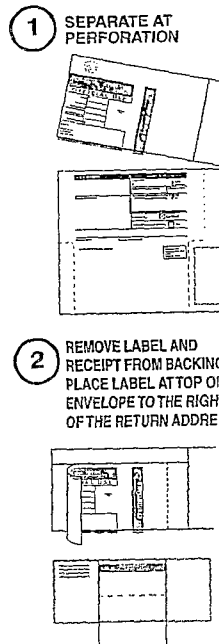
7110 6605 9590 0012 3737

JOHN B ALLINSON JR
PO BOX 21834
WACO, TX 76702

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

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN B ALLINSON JR PO BOX 21834 WACO, TX 76702 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3737	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>John B Allinson Jr</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>ALLINSON</i> <i>9/1/10</i> 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. Article Addressed to: JOHN B ALLINSON JR PO BOX 21834 WACO, TX 76702 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 #:



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information visit our website at www.usps.com

7110 6605 9590 0012 3744

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

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

JOHN B PIERCE
PO BOX 5025
GREENEHAVEN, AZ 86040

Form 3900, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3744

JOHN B PIERCE
PO BOX 5025
GREENEHAVEN, AZ 86040

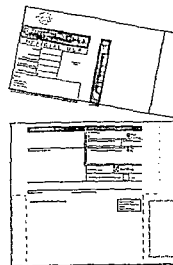
Batch #: 2191
Article #: 71106605959000123744
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCP Form rev. 01/07

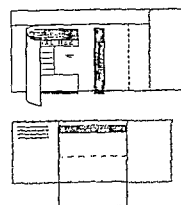
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3744	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN B PIERCE PO BOX 5025 GREENEHAVEN, AZ 86040	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery 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 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 3744	A. Signature x <i>Clare C. Pierce</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>CLARE Pierce</i> <i>9/5/10</i>
JOHN B PIERCE PO BOX 5025 GREENEHAVEN, AZ 86040	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

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

3

LIFT HERE

REASON CHECKED

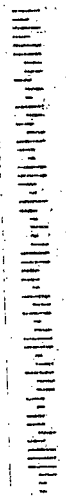
☒ Unclaimed
☐ Addressed - Not Mailed
☐ No Such Address
☐ No Such Name
☐ Return to Office

Stamp: JUN 10 1968
Postmark: NEW YORK NY

Handwritten: 7-10-68

Text: Envelope Number

WTF





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

7110 6605 9590 0012 3751

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

Int To
reet, Apt. No.;
PO Box No.
y, 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



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-944 R rev. 01/07

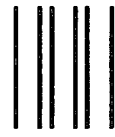
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3751	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN BERNARD MORGAN 11519 POWDER MILL TRL AUSTIN, TX 78750	D. Is delivery address different from item 1? ☐ Yes If 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

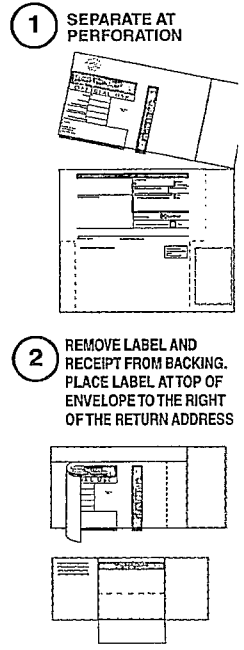
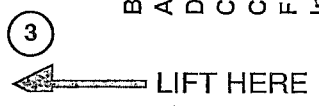
UNITED STATES POSTAL SERVICE



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

Lisa Hunter, Land Department
SJBUConocoPhillips
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 #:





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

7110 6605 9590 0013 3606

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

sent To **JOHN C HARRINGTON JR**
PO BOX 54931
OKLAHOMA CITY, OK 73154-1931

PS Form 3800, August 2006 See Reverse for Instructions



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 #:

2. Article Number

7110 6605 9590 0013 3606

1. Article Addressed to:

JOHN C HARRINGTON JR
PO BOX 54931

OKLAHOMA CITY, OK 73154-1931

COMPLETE THIS SECTION ON DELIVERY

A. Signature

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 0013 3606

1. Article Addressed to:

JOHN C HARRINGTON JR
PO BOX 54931

OKLAHOMA CITY, OK 73154-1931

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Date of Delivery

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

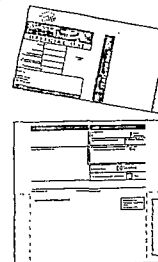
3. Service Type

☒ **Certified**

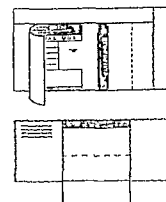
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



3

Batch #: 2272
Article #: 71106605959000133606
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For information, visit our website at www.usps.com
7110 6605 9590 0012 3768

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

Delivered To
John C WYNNE & DIANE R WYNNE TRUST
2924 WILLOW BRANCH
OKLAHOMA CITY, OK 73120-1812

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3768

JOHN C WYNNE & DIANE R WYNNE TRUST
2924 WILLOW BRANCH
OKLAHOMA CITY, OK 73120-1812

Batch #: 2191
Article #: 71106605959000123768
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

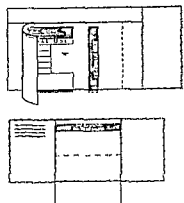
Reorder Form LCD-811R rev. 01/07

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 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 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 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 #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
Information visit our Website at www.usps.com

7110 6605 9590 0012 3775

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

Int To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3775

JOHN DAVENPORT
1703 BLUE CREST LN
SAN ANTONIO, TX 78232

Batch #: 2191
Article #: 71106605959000123775
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

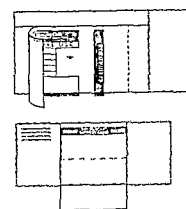
Reorder Form LCD 541R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3775	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN DAVENPORT 1703 BLUE CREST LN SAN ANTONIO, TX 78232	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 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 3775	A. Signature X John Davenport ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery JOHN DAVENPORT 9-8-10
JOHN DAVENPORT 1703 BLUE CREST LN SAN ANTONIO, TX 78232	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2191
Article #: 71106605959000123775
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 3782

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

Postage To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3782

JOHN DAVID PRESTON
4380 CREEKSIDE DR
SHINGLE SPRINGS, CA 95682

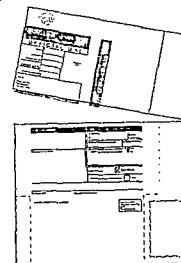
Batch #: 2191
Article #: 71106605959000123782
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 rev. 01/07

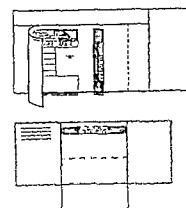
2. Article Number 7110 6605 9590 0012 3782	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

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 <i>J Preston</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>JOHN PRESTON</i> <i>9-17-10</i> 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 #: 71106605959000123782
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 3799

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

Delivered To

Street, Apt. No.,
PO Box No.,
City, 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



7110 6605 9590 0012 3799

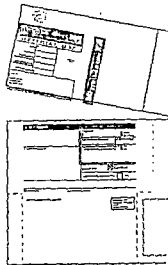
JOHN DICKEY
3810 WEST CO RD 118
MIDLAND, TX 79706

Batch #: 2191
Article #: 71106605959000123799
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

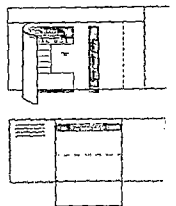
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 3799	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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 3799	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN DICKEY 3810 WEST CO RD 118 MIDLAND, TX 79706 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 #:



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided
Information Visit Our Website at www.usps.com

7110 6605 9590 0012 3805

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

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

JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3805

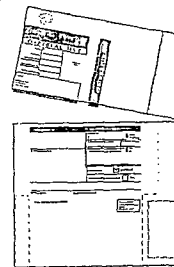
JOHN GRAMBLING
916 CHERRY HILL LANE
EL PASO, TX 79912

Batch #: 2191
Article #: 71106605959000123805
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

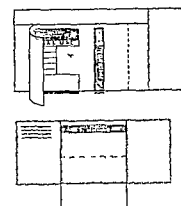
Reorder Form LCP-1000 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3805	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN GRAMBLING 916 CHERRY HILL LANE EL PASO, TX 79912	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3805	A. Signature <i>John Grambling</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
JOHN GRAMBLING 916 CHERRY HILL LANE EL PASO, TX 79912	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2191
Article #: 71106605959000123805
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 3812

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

Delivered To
Street, Apt. No.,
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



7110 6605 9590 0012 3812

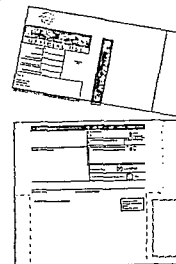
JOHN HUNTER JONES
2023 RUE DE ST TROPEZ
AUSTIN, TX 78746

Batch #: 2191
Article #: 71106605959000123812
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

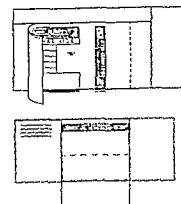
Reorder Form LC-11R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3812	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN HUNTER JONES 2023 RUE DE ST TROPEZ AUSTIN, TX 78746	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3812	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN HUNTER JONES 2023 RUE DE ST TROPEZ AUSTIN, TX 78746	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2191
Article #: 71106605959000123812
Date/Time: 8/31/2010 12:09:23 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Do Not Write on This Receipt
For more information visit our website at www.usps.com
7110 6605 9590 0012 3829

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

Postage
Certified Fee
Return Receipt Fee
(endorsement Required)
Restricted Delivery Fee
(endorsement Required)
Total Postage & Fees

JOHN I SHAW JR TRUST UAD JAN 2 1957
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Code: Allocation Project - D.Howell



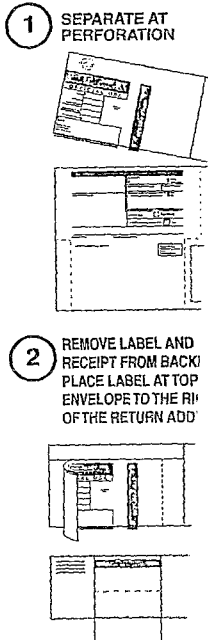
7110 6605 9590 0012 3829

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 #:

Reorder Form LCD-8 v. 01/07

2. Article Number 7110 6605 9590 0012 3829	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: 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	



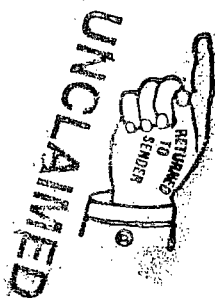
2. Article Number 7110 6605 9590 0012 3829	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>John I Shaw Jr</i> B. Received by (Printed Name) C. Date of Delivery 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: JOHN I SHAW 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	

Batch #: 2192
Article #: 71106605959000123829
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:

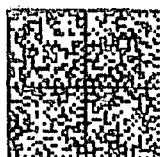
San Juan Business Unit
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

7110 6605 9590 0012 3836



JOHN J WAFFER
5229 144TH PL NE
MARYSVILLE, WA 98271-9231



UNITED STATES
02 1R
000655
MAILED F

1RUC
9/4/10



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3843

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

sent To
JOHN L GRAY
C/O TRUST MIN SEC 1049310
PO BOX 99084
FORT WORTH, TX 76199-0084

Post Office, Apt. No.,
PO Box No.,
City, State, Zip+4
Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

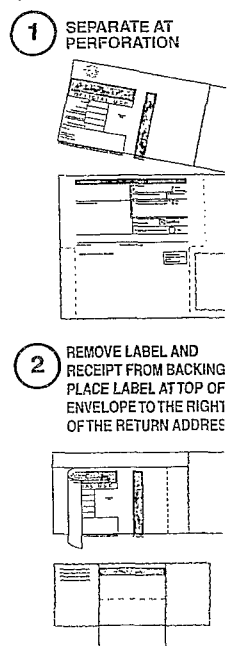


7110 6605 9590 0012 3843

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 #:

2. Article Number 7110 6605 9590 0012 3843	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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN L GRAY C/O TRUST MIN SEC 1049310 PO BOX 99084 FORT WORTH, TX 76199-0084	
Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 3843	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN L GRAY C/O TRUST MIN SEC 1049310 PO BOX 99084 FORT WORTH, TX 76199-0084	
Code: Allocation Project - D.Howell	

Batch #: 2192
Article #: 71106605959000123843
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
Information Visit Our Website at www.usps.com
7110 6605 9590 0012 3850

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

sent To
JOHN L MOSS
16874A N HWY 550
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



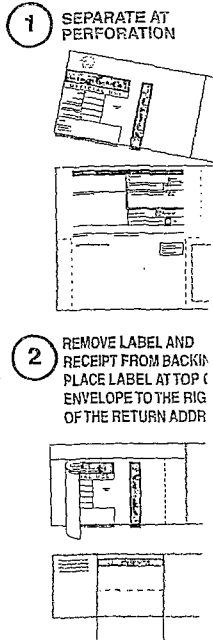
7110 6605 9590 0012 3850

JOHN L MOSS
16874A N HWY 550
AZTEC, NM 87410

Batch #: 2192
Article #: 71106605959000123850
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-01/07

2. Article Number 7110 6605 9590 0012 3850	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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--



2. Article Number 7110 6605 9590 0012 3850	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Bill Moss</i> B. Received by (Printed Name) <i>Bill Moss</i> C. Date of Delivery <i>9/2</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

Batch #: 2192
Article #: 71106605959000123850
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 3867

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

Delivered To
JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Form 3800, August 2006, V.1. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3867

JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Batch #: 2192
Article #: 71106605959000123867
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number
7110 6605 9590 0012 3867

1. Article Addressed to:
JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☒ Addressee

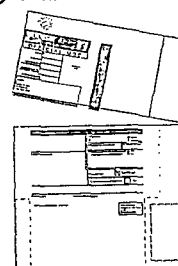
B. Received by (Printed Name) C. Date of Delivery

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

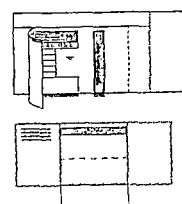
3. Service Type ☒ Certified

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 3867

1. Article Addressed to:
JOHN L TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000123867
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
By Registered Mail Only. No Insurance Coverage Provided.
For information visit our website at www.usps.com
7110 6605 9590 0012 3874

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

Post To
JOHN L. LANCASTER, III
6000 INTERFIRST PLAZA
901 MAIN STREET
DALLAS, TX 75202

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3874

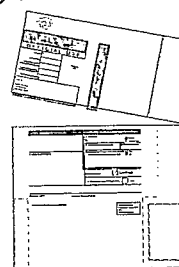
JOHN L. LANCASTER, III
6000 INTERFIRST PLAZA
901 MAIN STREET
DALLAS, TX 75202

Batch #: 2192
Article #: 71106605959000123874
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

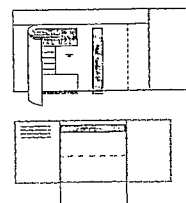
Reorder Form LCD-8-01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN L. LANCASTER, III 6000 INTERFIRST PLAZA 901 MAIN STREET DALLAS, TX 75202	
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 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN L. LANCASTER, III 6000 INTERFIRST PLAZA 901 MAIN STREET DALLAS, TX 75202	
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 #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For information visit our website at www.usps.com
7110 6605 9590 0012 3881

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

sent To
JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373
Post, Apt. No.,
PO Box No.,
City, State, Zip+4

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3881

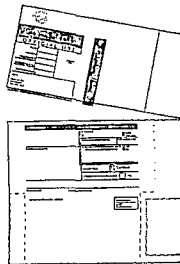
JOHN LEE TURNER
PO BOX 329
PORT ARANSAS, TX 78373

Batch #: 2192
Article #: 71106605959000123881
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

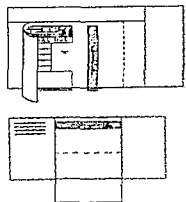
Reorder Form LCD-1 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN LEE TURNER PO BOX 329 PORT ARANSAS, TX 78373 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN LEE TURNER PO BOX 329 PORT ARANSAS, TX 78373 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 #:



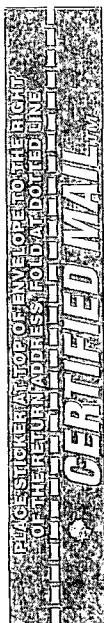
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 3898

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

Post To
JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3898

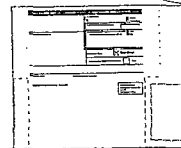
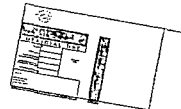
JOHN MEADE
101 MIMOSA
SILSBEE, TX 77656

Batch #: 2192
Article #: 71106605959000123898
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

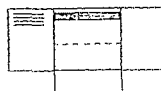
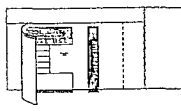
Reorder Form LCD-8 rev. 01/07

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 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 <i>John Meade</i> X <i>To Ann Meade</i> ☐ Agent ☐ Addressee B. 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 #: 2192
Article #: 71106605959000123898
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(For Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 3904

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

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

JOHN P CUNNINGHAM
5227 E CALLE REDONDO
PHOENIX, AZ 85018

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3904

JOHN P CUNNINGHAM
5227 E CALLE REDONDO
PHOENIX, AZ 85018

Batch #: 2192
Article #: 71106605959000123904
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

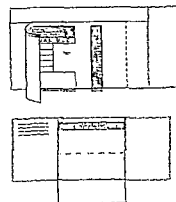
Reorder Form LCD rev. 01/07

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 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 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	---

Batch #: 2192
Article #: 71106605959000123904
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For information visit our website at www.usps.com
7110 6605 9590 0012 3911

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

sent To
JOHN PATRICK WILLIAMS LIV TR DTD 8/
321 CLARK DR
AZTEC, NM 87410
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

Code: Allocation Project - D.Howell



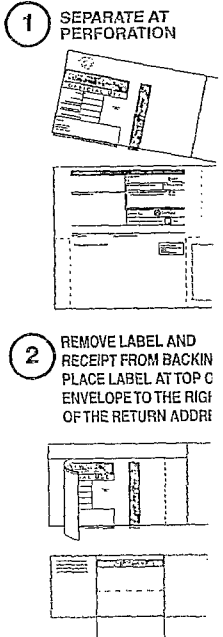
7110 6605 9590 0012 3911

JOHN PATRICK WILLIAMS LIV TR DTD 8/
321 CLARK DR
AZTEC, NM 87410

Batch #: 2192
Article #: 71106605959000123911
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

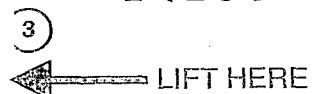
Reorder Form LCD-01/07

2 Article Number 7110 6605 9590 0012 3911	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
---	--



2 Article Number 7110 6605 9590 0012 3911	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>John P. Williams</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>John P. Williams</i> <i>9-3-10</i> 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 #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only. No Insurance Coverage Provided
Information visit our Website at www.usps.com
7110 6605 9590 0012 3928

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

sent To
JOHN PETTUS
800 S. CAMINO DEL RIO
DURANGO, CO 87410

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3928

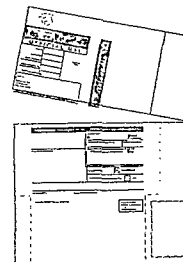
JOHN PETTUS
800 S. CAMINO DEL RIO
DURANGO, CO 87410

Batch #: 2192
Article #: 71106605959000123928
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

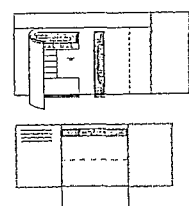
Reorder Form LCD-2 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JOHN PETTUS 800 S. CAMINO DEL RIO DURANGO, CO 87410	
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 3928	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Kelly Roth</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Kelly Roth</i> C. Date of Delivery <i>9-7-10</i> 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. Article Addressed to: JOHN PETTUS 800 S. CAMINO DEL RIO DURANGO, CO 87410	
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 #:

3

LIFT HERE



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

7110 6605 9590 0012 3935

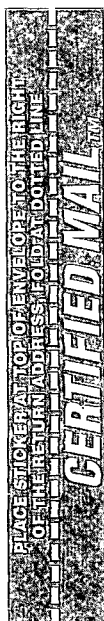
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3935

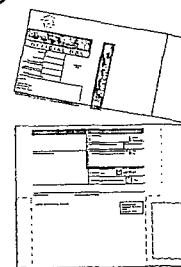
JOHN R BRENNAND JR
4476 MEADOWLARK LN
SANTA BARBARA, CA 93105

Batch #: 2192
Article #: 71106605959000123935
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

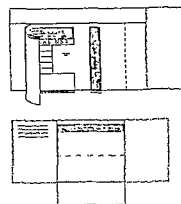
Reorder Form LCD-1 rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3935	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN R BRENNAND JR 4476 MEADOWLARK LN SANTA BARBARA, CA 93105	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3935	A. Signature X ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN R BRENNAND JR 4476 MEADOWLARK LN SANTA BARBARA, CA 93105	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000123935
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
Information visit our website at www.usps.com

7110 6605 9590 0012 3942

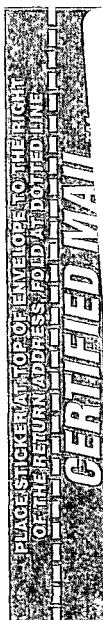
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

Form 3811, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3942

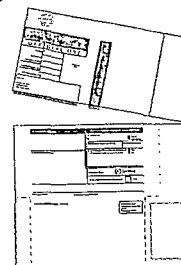
JOHN S BROWN JR
C/O ABQ ENERGY GROUP
3022 CORRALES RD
CORRALES, NM 87048

Batch #: 2192
Article #: 71106605959000123942
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

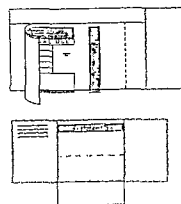
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3942	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN S BROWN JR C/O ABQ ENERGY GROUP 3022 CORRALES RD CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3942	A. Signature X <i>Marisa Wolk</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Marisa Wolk</i> <i>8/31/10</i>
JOHN S BROWN JR C/O ABQ ENERGY GROUP 3022 CORRALES RD CORRALES, NM 87048	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000123942
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only; No Insurance Coverage Provided
Information visit our website at www.usps.com
7110 6605 9590 0012 3959

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

sent To
JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504
Postmark Here

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3959

JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504

Batch #: 2192
Article #: 71106605959000123959
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2: Article Number
7110 6605 9590 0012 3959
1. Article Addressed to:
JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504
Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

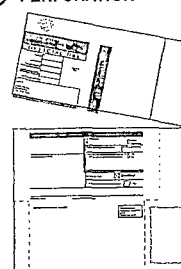
B. Received by (Printed Name) C. Date of Delivery

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

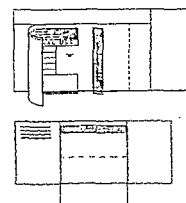
3. Service Type ☒ Certified

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 3959
1. Article Addressed to:
JOHN S CATRON REVOCABLE TRUST
PO BOX 788
SANTA FE, NM 87504
Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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

Batch #: 2192
Article #: 71106605959000123959
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(No Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com

7110 6605 9590 0012 3966

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

Send To
JOHN S ROACH
3120 SW SENA DR
TOPEKA, KS 66604-1640

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3966

JOHN S ROACH
3120 SW SENA DR
TOPEKA, KS 66604-1640

Batch #: 2192
Article #: 71106605959000123966
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 3966	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. Article Addressed to: JOHN S ROACH 3120 SW SENA DR TOPEKA, KS 66604-1640	
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 #:





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

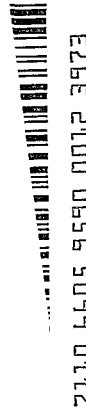
7110 6605 9590 0012 3973

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

Post To
JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

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

Code: Allocation Project - D.Howell

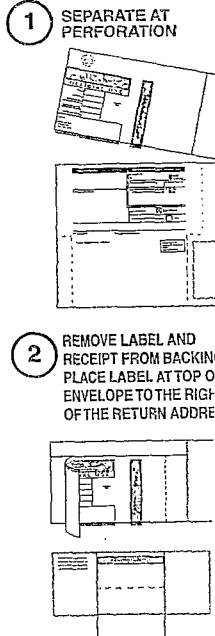


JOHN S WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3973	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN S WATSON 6200 BRIAR ROSE HOUSTON, TX 77057	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 3973	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOHN S WATSON 6200 BRIAR ROSE HOUSTON, TX 77057	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2192
Article #: 71106605959000123973
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only (No Insurance Coverage Provided)
Information on our website at www.usps.com

7110 6605 9590 0012 3980

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

Postage To: JOHN SHEPHERD BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 3980

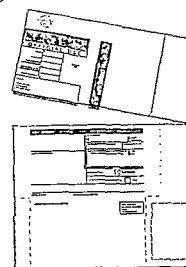
JOHN SHEPHERD BRAINARD
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2192
Article #: 71106605959000123980
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

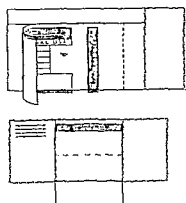
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3980	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN SHEPHERD BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 3980	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOHN SHEPHERD BRAINARD C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000123980
Date/Time: 8/31/2010 12:16:09 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 3997

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

Postage To
Post, Apt. No.,
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



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 #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 3997		A. Signature X ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
JOHN W BARRINGER 1054 LYNNWOOD BLVD NASHVILLE, TN 37215-4512		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
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

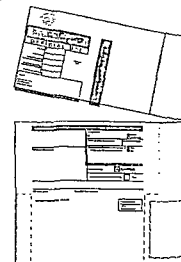
Batch #: 2192
Article #: 71106605959000123997
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

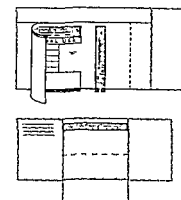


LIFT HERE

1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(E-Mail Only; No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 4000

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

Postage To
JOHNNY MARTINEZ
2308 E 10TH ST
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



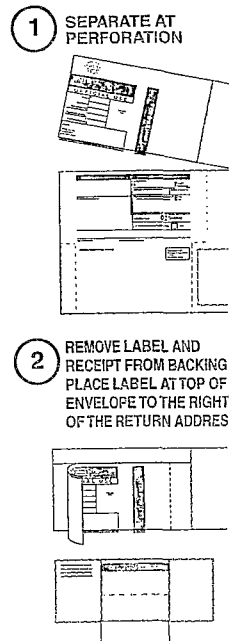
7110 6605 9590 0012 4000

JOHNNY MARTINEZ
2308 E 10TH ST
FARMINGTON, NM 87401

Batch #: 2192
Article #: 71106605959000124000
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

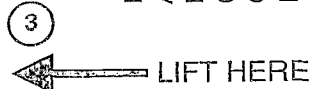
Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 4000	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 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 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 #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
Delivery Information: visit our website at www.usps.com

7110 6605 9590 0012 4017

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

Delivered To
JON E KALB
2207 SUNNY SLOPE DR
AUSTIN, TX 78703

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell



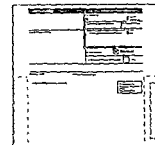
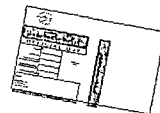
7110 6605 9590 0012 4017

JON E KALB
2207 SUNNY SLOPE DR
AUSTIN, TX 78703

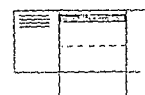
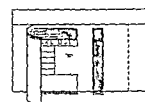
Batch #: 2192
Article #: 71106605959000124017
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4017	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JON E KALB 2207 SUNNY SLOPE DR AUSTIN, TX 78703	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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 OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4017	A. Signature X <i>Jacob R. Kalb</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Jacob R. Kalb</i> <i>9.7.10</i>
JON E KALB 2207 SUNNY SLOPE DR AUSTIN, TX 78703	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000124017
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
Information visit our website at www.usps.com

7110 6605 9590 0012 4024

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

Post To
Jon J Anderson
1306 N 21 ST
COUNCIL BLUFF, IA 51501

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4024

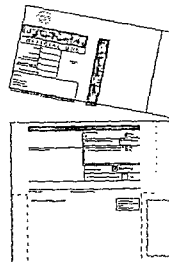
JON J ANDERSON
1306 N 21 ST
COUNCIL BLUFF, IA 51501

Batch #: 2192
Article #: 71106605959000124024
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

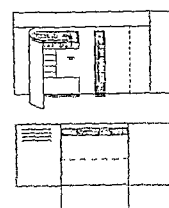
Reorder Form LCD-1 Rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JON J ANDERSON 1306 N 21 ST COUNCIL BLUFF, IA 51501 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 4024	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Jon Anderson</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Jon Anderson</i> <i>9/4/10</i> 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. Article Addressed to: JON J ANDERSON 1306 N 21 ST COUNCIL BLUFF, IA 51501 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 #:



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

7110 6605 9590 0012 4031

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

Postage To: JORGENSEN FAMILY TRUST JUNE 7 1996

Postage To: 5728 E FARM RD 168
Postage To: ROGERSVILLE, MO 65742

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4031

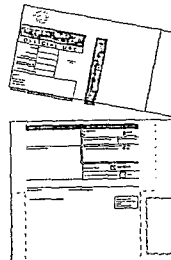
JORGENSEN FAMILY TRUST JUNE 7 1996
5728 E FARM RD 168
ROGERSVILLE, MO 65742

Batch #: 2192
Article #: 71106605959000124031
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

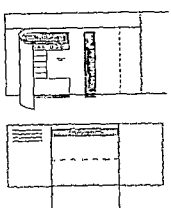
Reorder Form LCD-8-1 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4031	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JORGENSEN FAMILY TRUST JUNE 7 1996 5728 E FARM RD 168 ROGERSVILLE, MO 65742	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4031	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JORGENSEN FAMILY TRUST JUNE 7 1996 5728 E FARM RD 168 ROGERSVILLE, MO 65742	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000124031
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3

LIFT HERE



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Mail Only. No Insurance Coverage Provided
 For more information visit our website at www.usps.com

7110 6605 9590 0012 4048

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

Post To

JOSE E & CLARA E GOMEZ LVG TR 4 18
 PO BOX 520
 AZTEC, NM 87410-0520

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4048

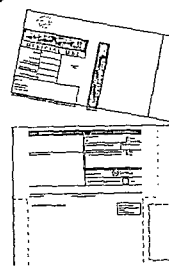
JOSE E & CLARA E GOMEZ LVG TR 4 18
 PO BOX 520
 AZTEC, NM 87410-0520

Batch #: 2192
 Article #: 71106605959000124048
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

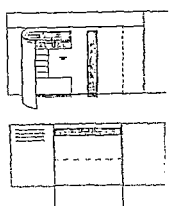
Reorder Form LCD-11 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4048	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOSE E & CLARA E GOMEZ LVG TR 4 18 PO BOX 520 AZTEC, NM 87410-0520	D. Is delivery address different from item 1? ☐ 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 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 4048	A. Signature X <i>Jose E Gomez</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOSE E & CLARA E GOMEZ LVG TR 4 18 PO BOX 520 AZTEC, NM 87410-0520	JOSE E GOMEZ	09-02-10
	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 #: 2192
 Article #: 71106605959000124048
 Date/Time: 8/31/2010 12:16:10 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

3

← LIFT HERE



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

7110 6605 9590 0012 4055

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

Postage to: **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



7110 6605 9590 0012 4055

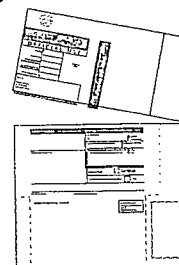
JOSE E GOMEZ TRUST DTD 9/8/2004
PO BOX 1053
DULCE, NM 87528

Batch #: 2192
Article #: 71106605959000124055
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

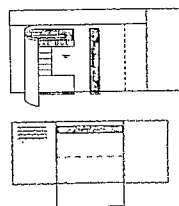
Reorder Form LCD R rev. 01/07

2. Article Number 7110 6605 9590 0012 4055	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. Article Addressed to: JOSE E GOMEZ TRUST DTD 9/8/2004 PO BOX 1053 DULCE, NM 87528	
Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

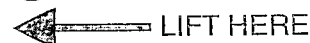


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number 7110 6605 9590 0012 4055	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery JOSE E GOMEZ TRUST 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
1. Article Addressed to: JOSE E GOMEZ TRUST DTD 9/8/2004 PO BOX 1053 DULCE, NM 87528	
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 #:





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

7110 6605 9590 0012 4062

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

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

JOSE M SANCHEZ
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



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 #:

2. Article Number

7110 6605 9590 0012 4062

1. Article Addressed to:

JOSE M SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

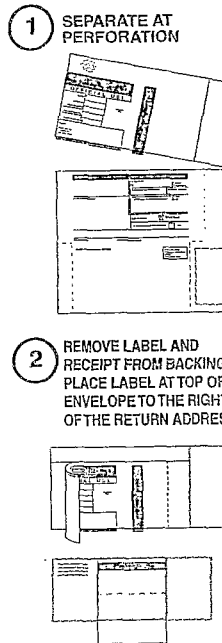
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0012 4062

1. Article Addressed to:

JOSE M SANCHEZ
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000124062
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Philips

7110 6605 9590 0013 2968

MAILED FROM ZIP CODE 01402

-  **Not Deliverable As Addressed**
- ☒ Unable To Forward
 - ☐ Insufficient Address
 - ☐ Unrecoverable Address
 - ☐ Addressed To No Address
 - ☐ No Such Person, Not Known
 - ☐ No Such Office, Not Known
 - ☐ No Such Department, Not Known
 - ☐ No Such Building, Not Known
 - ☐ No Such City, Not Known
 - ☐ No Such State, Not Known
 - ☐ No Such Country, Not Known

JOSE MARIA ABEXYA
PO BOX 102

LOS-OJOS, NM 87551

Deceased

42
9117



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

7110 6605 9590 0012 4079

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

Delivered To: JOSE N SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4079

JOSE N SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2192
Article #: 71106605959000124079
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

2. Article Number

7110 6605 9590 0012 4079

1. Article Addressed to:

JOSE N SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

2. Article Number

7110 6605 9590 0012 4079

1. Article Addressed to:

JOSE N SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X

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

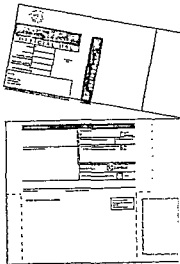
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

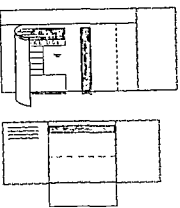
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

LIFT HERE

Batch #: 2192
Article #: 71106605959000124079
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0013 3613

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

ent To **JOSE R HERNANDEZ**
PO BOX 1432

reet, Apt. No.,
PO Box No.
ity, State, Zip+4 **MOSES LAKE, WA 98837**

Form 3811, August 2006-3 See Reverse for Instructions

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

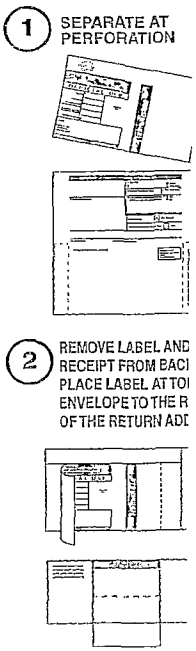
7110 6605 9590 0013 3613

JOSE R HERNANDEZ
PO BOX 1432
MOSES LAKE, WA 98837

Batch #: 2272
Article #: 71106605959000133613
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3613	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOSE R HERNANDEZ PO BOX 1432 MOSES LAKE, WA 98837	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3613	A. Signature X <i>Joe R. Hernandez</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOSE R HERNANDEZ PO BOX 1432 MOSES LAKE, WA 98837	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133613
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
Information Visit our website at www.usps.com

7110 6605 9590 0012 4086

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

sent To

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

JOSEPH C JASTRZEMBSKI
911 1ST ST NE
MINOT, ND 58703-2426

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



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 #:

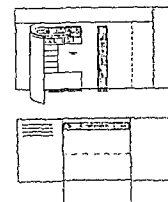
Reorder Form LCD-8 Rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4086	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOSEPH C JASTRZEMBSKI 911 1ST ST NE MINOT, ND 58703-2426	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4086	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOSEPH C JASTRZEMBSKI 911 1ST ST NE MINOT, ND 58703-2426	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000124086
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 3620

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

ent To
street, Apt. No.,
PO Box No.
ity, State, Zip+4

JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD
COCOA, FL 32926-4606

Form 3800, August 2006 See Reverse for Instructions



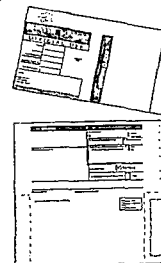
7110 6605 9590 0013 3620

JOSEPH MARTINEZ
550 CANAVERAL GROVES BLVD
COCOA, FL 32926-4606

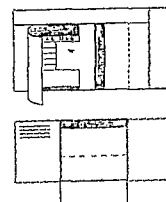
Batch #: 2272
Article #: 71106605959000133620
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3620	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JOSEPH MARTINEZ 550 CANAVERAL GROVES BLVD COCOA, FL 32926-4606	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☐ No
	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 OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3620	A. Signature X <i>Joseph Martinez</i>	☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Joseph Martinez</i>	C. Date of Delivery <i>9-22-10</i>
JOSEPH MARTINEZ 550 CANAVERAL GROVES BLVD COCOA, FL 32926-4606	D. Is delivery address different from item 1? If YES enter delivery address below:	☐ Yes ☒ No
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2272
Article #: 71106605959000133620
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



7110 6605 9590 0012 4093

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

Return To
JOSEPH RICHARD NICKSON TRUST
205 WEST 19TH ST APT 10F
NEW YORK, NY 10011

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4093

JOSEPH RICHARD NICKSON TRUST
205 WEST 19TH ST APT 10F
NEW YORK, NY 10011

Batch #: 2192
Article #: 71106605959000124093
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4093		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
JOSEPH RICHARD NICKSON TRUST 205 WEST 19TH ST APT 10F NEW YORK, NY 10011		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



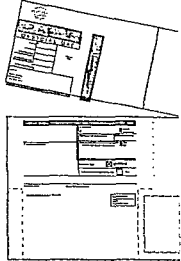
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

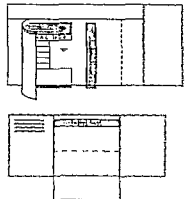
Batch #: 2192
Article #: 71106605959000124093
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

1 SEPARATE AT PERFORATION



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





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

7110 6605 9590 0013 3637

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

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

JOSEPH W ESPINOSA
PO BOX 704
PAGOSA SPRINGS, CO 81147

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3637

JOSEPH W ESPINOSA
PO BOX 704

PAGOSA SPRINGS, CO 81147

Batch #: 2272
Article #: 71106605959000133637
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 3637

1. Article Addressed to:

JOSEPH W ESPINOSA
PO BOX 704
PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

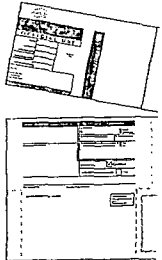
B. Received by (Printed Name) C. Date of Delivery

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

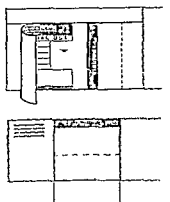
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0013 3637

1. Article Addressed to:

JOSEPH W ESPINOSA
PO BOX 704
PAGOSA SPRINGS, CO 81147

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133637
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 4109

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

Post To

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

JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

Code: Allocation Project - D.Howell



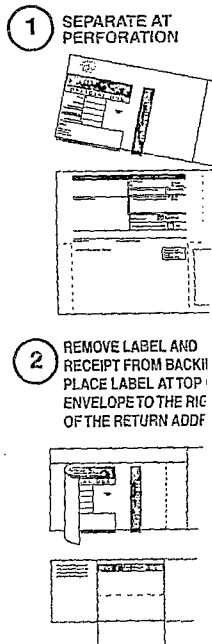
7110 6605 9590 0012 4109

JOSHUA HAUSER
14601 BIXBY DR
WESTFIELD, IN 46074

Batch #: 2192
Article #: 711066059590000124109
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8
01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4109		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
JOSHUA HAUSER 14601 BIXBY DR WESTFIELD, IN 46074		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 4109		A. Signature X <i>Joshua Hauser</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery 9/1/10
JOSHUA HAUSER 14601 BIXBY DR WESTFIELD, IN 46074		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
Code: Allocation Project - D.Howell		3. Service Type ☒ Certified	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 711066059590000124109
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

7110 6605 9590 0013 2975

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

Return to
JRB INVESTMENTS LLC
C/O REYNOLDS, HIX, & CO., P.A.
6729 ACADEMY RD NE STE D
ALBUQUERQUE, NM 87109

PS Form 3800, August 2006 See reverse for instructions

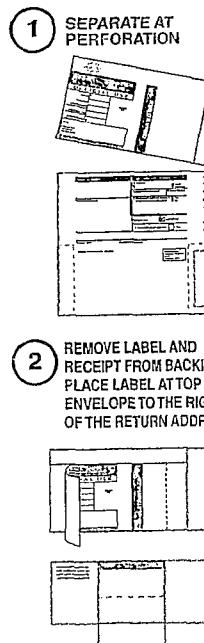


7110 6605 9590 0013 2975

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 #:

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JRB INVESTMENTS LLC C/O REYNOLDS, HIX, & CO., P.A. 6729 ACADEMY RD NE STE D ALBUQUERQUE, NM 87109	



2. Article Number 7110 6605 9590 0013 2975	COMPLETE THIS SECTION ON DELIVERY A. Signature X Cheryl Good ☐ Agent ☐ Addressee B. Received by (Printed Name) Cheryl Good C. Date of Delivery 9/16/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: 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 #:



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

7110 6605 9590 0012 4116

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

sent To
street, Apt. No.,
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



7110 6605 9590 0012 4116

JOYCE K ATTEBURY
3202 LIPSCOMB
AMARILLO, TX 79109-3536

Batch #: 2192
Article #: 71106605959000124116
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4116	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JOYCE K ATTEBURY 3202 LIPSCOMB AMARILLO, TX 79109-3536	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

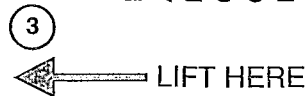
UNITED STATES POSTAL SERVICE



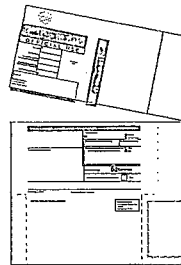
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

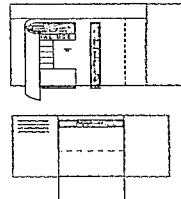
Batch #: 2192
Article #: 71106605959000124116
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



1 SEPARATE AT PERFORATION



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





U.S. Postal Service
CERTIFIED MAIL - RECEIPT
Mail Only; No Insurance Coverage Provided
For Delivery Information Visit our Website at www.usps.com
7110 6605 9590 0012 4123

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

Post To
JPT FAMILY JV 1
C/O JPMORGAN CHASE BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 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 #:

Reader Form LCD-8 v. 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

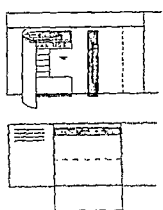
JPT FAMILY JV 1
C/O JPMORGAN CHASE BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

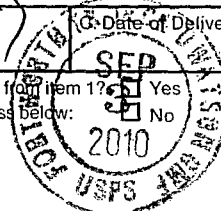


2. Article Number 7110 6605 9590 0012 4123	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

1. Article Addressed to:

JPT FAMILY JV 1
C/O JPMORGAN CHASE BANK
PO BOX 99084
FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell



Batch #: 2192
Article #: 71106605959000124123
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Mail Only, No Insurance Coverage Provided)
For more information visit our website at www.usps.com
7110 6605 9590 0012 4130

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

Post To
JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4130

JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

Batch #: 2192
Article #: 71106605959000124130
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number
7110 6605 9590 0012 4130

1. Article Addressed to:
JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

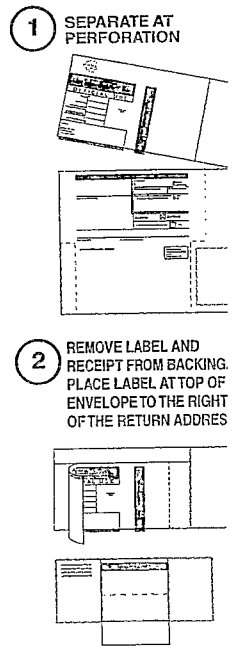
A. Signature
X ☐ Agent
☐ Addressee

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 4130

1. Article Addressed to:
JUAN C GOMEZ JR
P O BOX 1238
AZTEC, NM 87410-1238

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000124130
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
For more information, visit our Website at www.usps.com
7110 6605 9590 0012 4147

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

Postage To
JUAN R MONTANO REVOCABLE TRUST
10405 CALLE CONTENTO NW
ALBUQUERQUE, NM 87114
Postage To
reel, Apt. No.,
PO Box No.
City, State, Zip+4
Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



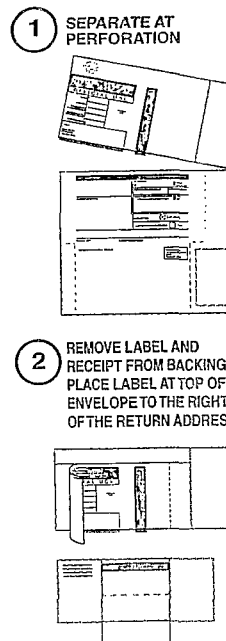
7110 6605 9590 0012 4147

JUAN R MONTANO REVOCABLE TRUST
10405 CALLE CONTENTO NW
ALBUQUERQUE, NM 87114

Batch #: 2192
Article #: 71106605959000124147
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811 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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JUAN R MONTANO REVOCABLE TRUS 10405 CALLE CONTENTO NW ALBUQUERQUE, NM 87114 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 BRYAN P. ADICKER 9/8/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JUAN R MONTANO REVOCABLE TRUS 10405 CALLE CONTENTO NW ALBUQUERQUE, NM 87114 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 #:



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

7110 6605 9590 0012 4154

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

Ant To
reet, Apt. No.;
PO Box No.
ty, State, Zip+4

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4154

JUANITA V PETERSON
3483 CONSTELLATION RD
LOMPOC, CA 93436

Batch #: 2192
Article #: 71106605959000124154
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-811 01/07

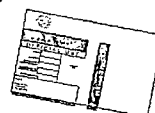
2. Article Number 7110 6605 9590 0012 4154	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: JUANITA V PETERSON 3483 CONSTELLATION RD LOMPOC, CA 93436 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

Code: Allocation Project - D.Howell

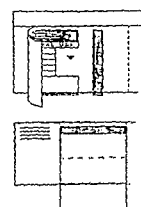
2. Article Number 7110 6605 9590 0012 4154	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: JUANITA V PETERSON 3483 CONSTELLATION RD LOMPOC, CA 93436 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3



Batch #: 2192
Article #: 71106605959000124154
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:



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

7110 6605 9590 0013 3644

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

sent To
JUANITA WALTERS
5441 WAYSIDE
FORT WORTH, TX 76134

Form 3800, August 2006 See Reverse for Instructions

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

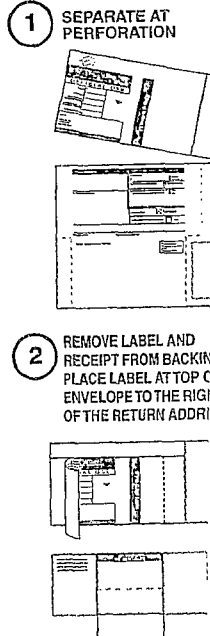
7110 6605 9590 0013 3644

JUANITA WALTERS
5441 WAYSIDE

FORT WORTH, TX 76134

Batch #: 2272
Article #: 71106605959000133644
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3644	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JUANITA WALTERS 5441 WAYSIDE FORT WORTH, TX 76134	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3644	A. Signature ☐ Agent X <i>Juanita Walters</i> ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Juanita Walters</i> <i>9-17-2010</i>
JUANITA WALTERS 5441 WAYSIDE FORT WORTH, TX 76134	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☒ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2272
Article #: 71106605959000133644
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com

7110 6605 9590 0012 4161

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

Post To
JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



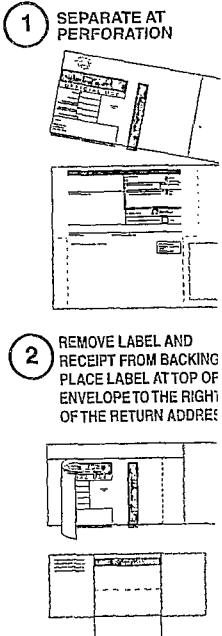
7110 6605 9590 0012 4161

JUDITH GENE HANTTULA
704 RIVERSIDE DRIVE
CARLSBAD, NM 88220

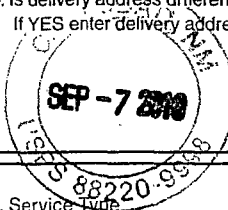
Batch #: 2192
Article #: 71106605959000124161
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JUDITH GENE HANTTULA 704 RIVERSIDE DRIVE CARLSBAD, NM 88220 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 4161	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Judy Hanttula</i> ☐ Agent ☒ Addressee B. 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. Article Addressed to: JUDITH GENE HANTTULA 704 RIVERSIDE DRIVE CARLSBAD, NM 88220 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 #:





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

7110 6605 9590 0013 3651

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

ent To
street, Apt. No.;
PO Box No.
ity, State, Zip+4

JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107
LOS ANGELES, CA 90010-1902

PS Form 3800, August 2006 See Reverse for Instructions



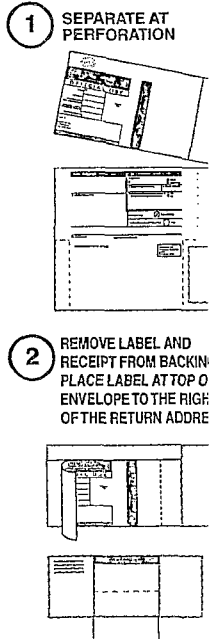
7110 6605 9590 0013 3651

JUDY A LAYLAND
3435 WILSHIRE BLVD STE 107
LOS ANGELES, CA 90010-1902

Batch #: 2272
Article #: 71106605959000133651
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-817 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3651	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
JUDY A LAYLAND 3435 WILSHIRE BLVD STE 107 LOS ANGELES, CA 90010-1902	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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3651	A. Signature X <i>Judy Layland</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9/21/10
JUDY A LAYLAND 3435 WILSHIRE BLVD STE 107 LOS ANGELES, CA 90010-1902	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type	☒ Certified
	4. Restricted Delivery? (Extra Fee)	☐ Yes

Batch #: 2272
Article #: 71106605959000133651
Date/Time: 9/14/2010 3:26:44 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only. No Insurance Coverage Provided.
For more information visit our Website at www.usps.com

7110 6605 9590 0012 4178

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

Postage To
JUDITH SHAW TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4178

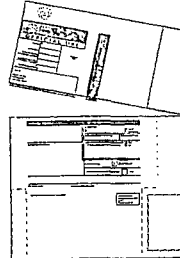
JUDITH SHAW TRUST
THOMASVILLE ROUTE
HC 3 BOX 60 B
BIRCH TREE, MO 65438

Batch #: 2192
Article #: 71106605959000124178
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

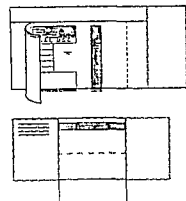
Reorder Form LCD-100 rev. 01/07

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 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JUDITH SHAW TRUST THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION

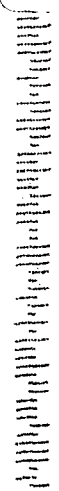


2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.



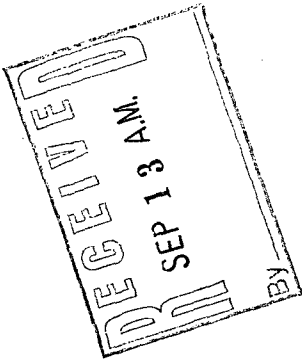
2. Article Number 7110 6605 9590 0012 4178	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Judith Shaw</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Judith Shaw</i> 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: JUDITH SHAW TRUST THOMASVILLE ROUTE HC 3 BOX 60 B BIRCH TREE, MO 65438 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 #:



nocoPhilips

7110 6605 9590 0012 4185

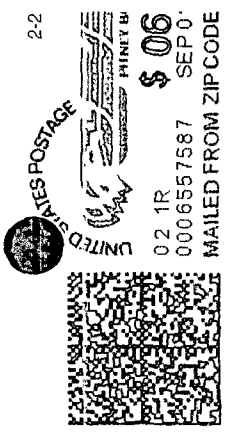


**ATTEMPTED;
NOT KNOWN**

JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

NIXIE 3058 1 21 09/08/10

RETURN TO SENDER
ATTEMPTED-NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



**ATTEMPTED;
NOT KNOWN**
NAME
1st Notice
2010



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

7110 6605 9590 0012 4185

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

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

JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4185

JULIE B WYCKOFF
PO BOX 776
ASPEN, CO 81612

Batch #: 2192
Article #: 71106605959000124185
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4185	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JULIE B WYCKOFF PO BOX 776 ASPEN, CO 81612	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

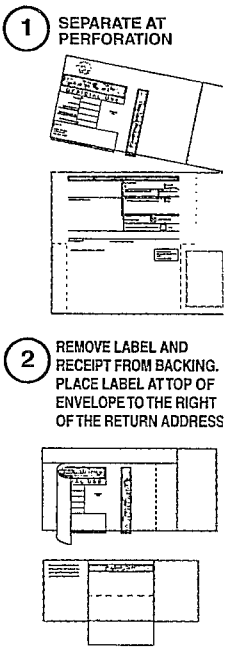


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2192
Article #: 71106605959000124185
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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

7110 6605 9590 0012 4192

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

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

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4192

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Batch #: 2192
Article #: 71106605959000124192
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 4192

1. Article Addressed to:

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

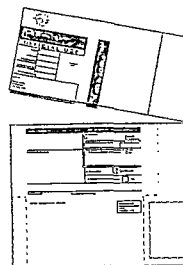
B. Received by (Printed Name) C. Date of Delivery

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

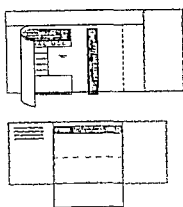
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 4192

1. Article Addressed to:

JULIE SCOTT MCBRIDE
PO BOX 1515
ROSWELL, NM 88202-1515

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Jan Starke*

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000124192
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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

7110 6605 9590 0012 4208

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

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

JUNE SIMMONS LIVELY
3529 BELLAIRE DR N
FORT WORTH, TX 76109-2110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 4208

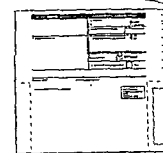
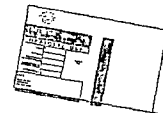
JUNE SIMMONS LIVELY
3529 BELLAIRE DR N
FORT WORTH, TX 76109-2110

Batch #: 2192
Article #: 71106605959000124208
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

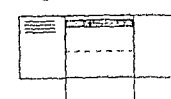
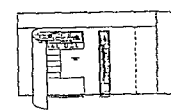
Reorder Form LCD- rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4208	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JUNE SIMMONS LIVELY 3529 BELLAIRE DR N FORT WORTH, TX 76109-2110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK OF ENVELOPE. PLACE LABEL AT TOP OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 4208	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
JUNE SIMMONS LIVELY 3529 BELLAIRE DR N FORT WORTH, TX 76109-2110	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2192
Article #: 71106605959000124208
Date/Time: 8/31/2010 12:16:10 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #: