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7110 6605 9590 0012 5113

Postage	\$ 1.05	Postmark 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

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

Code: Allocation Project - D.Howell

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0012 5113

M ROBERT THOMPSON
15 IVY STREET
DENVER, CO 80220-5844

Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-11 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5113	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: M ROBERT THOMPSON 15 IVY STREET DENVER, CO 80220-5844	
Code: Allocation Project - D.Howell	

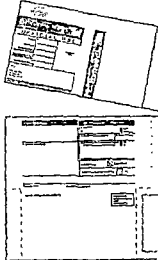
PS Form 3811

2. Article Number 7110 6605 9590 0012 5113	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: M ROBERT THOMPSON 15 IVY STREET DENVER, CO 80220-5844	
Code: Allocation Project - D.Howell	

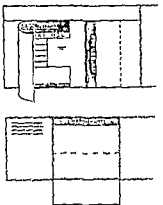
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



Batch #: 2193
Article #: 71106605959000125113
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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7110 6605 9590 0012 5120

Postage	\$	\$1.05	Postmark 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
Street, Apt. No.,
r PO Box No.
City, State, Zip+4

M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5120

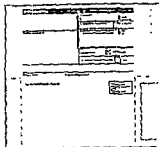
M SEAN SMITH
C/O ENCAP INVESTMENTS LC AGENT
1100 LOUISIANA STE 3150
HOUSTON, TX 77002

Batch #: 2193
Article #: 71106605959000125120
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

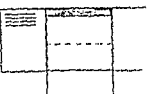
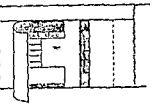
Reorder Form LCD-Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5120	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
M SEAN SMITH C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON, TX 77002	D. Is 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



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5120	A. Signature X <i>Stacy Triplett</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Stacy Triplett</i> C. Date of Delivery <i>9-7-10</i>
M SEAN SMITH C/O ENCAP INVESTMENTS LC AGENT 1100 LOUISIANA STE 3150 HOUSTON, TX 77002	D. Is 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 #: 2193
Article #: 71106605959000125120
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 3750

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
M THOMAS LAYLAND
PO BOX 556
WAVELAND, MS 39576

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

Form 3800, August 2006 See Reverse for Instructions

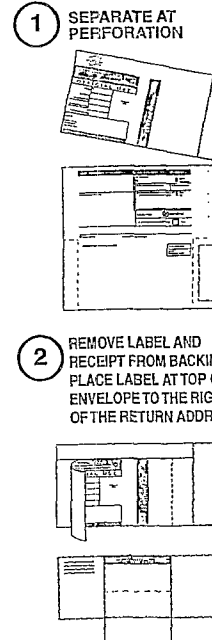


7110 6605 9590 0013 3750

M THOMAS LAYLAND
PO BOX 556
WAVELAND, MS 39576

Batch #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3750	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
M THOMAS LAYLAND PO BOX 556 WAVELAND, MS 39576	D. Is 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 3750	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
M THOMAS LAYLAND PO BOX 556 WAVELAND, MS 39576	D. Is 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 #: 2273
Article #: 71106605959000133750
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





7110 6605 9590 0012 5137

Postage	\$	\$1.05	Postmark 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
street, Apt. No.;
r PO Box No.
ity, State, Zip+4

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

Code: Allocation Project - D.Howell

PS Form 3800, August 2006-14 See Reverse for Instructions



7110 6605 9590 0012 5137

MABEL GLENN HAM REVOC TRUST
C/O KATHLYN NORA BLACK, TRUSTEE
PO BOX 15040
SANTA FE, NM 87506

Batch #: 2193
Article #: 71106605959000125137
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5137	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MABEL GLENN HAM REVOC TRUST C/O KATHLYN NORA BLACK, TRUSTEE PO BOX 15040 SANTA FE, NM 87506	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

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Domestic Return Receipt

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5137	A. Signature X <i>Kathy Black</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) KATHY BLACK	C. Date of Delivery
MABEL GLENN HAM REVOC TRUST C/O KATHLYN NORA BLACK, TRUSTEE PO BOX 15040 SANTA FE, NM 87506	D. Is 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 BACK PLACE LABEL AT TOP ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS

3

Batch #: 2193
Article #: 71106605959000125137
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:

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7110 6605 9590 0012 5144

Postage	\$	1.05	Postmark 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

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5144

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

Batch #: 2193
Article #: 71106605959000125144
Date/Time: 8/31/2010 12:27:43 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 5144

1. Article Addressed to:

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

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

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0012 5144

1. Article Addressed to:

MABEL OTSTOT & COMPANY
2420 W 107TH DR
WESTMINISTER, CO 80234-3160

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Best Delivery*

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

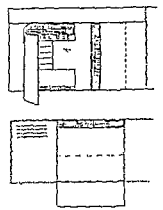
PS Form 3811

Domestic Return Receipt

1 SEPARATE AT PERFORATION



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



3

Batch #: 2193
Article #: 71106605959000125144
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

LIFT HERE

③



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7110 6605 9590 0012 5168

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
MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5168

MACK H WOOLDRIDGE
PO BOX 3217
ALBANY, TX 76430

Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

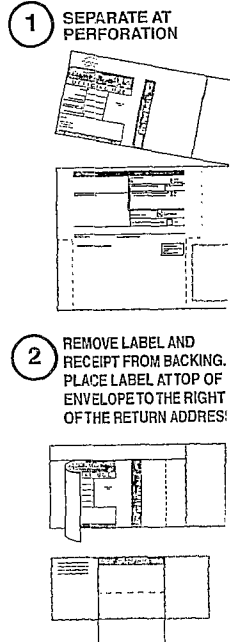
Reorder Form LCD 10/07

2. Article Number 7110 6605 9590 0012 5168	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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 5168	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) KEN LAWRENCE C. Date of Delivery 9-4-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	--

Code: Allocation Project - D.Howell



Batch #: 2193
Article #: 71106605959000125168
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5175

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	

Ant To

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

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5175

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

Batch #: 2193
Article #: 71106605959000125175
Date/Time: 8/31/2010 12:27:43 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 5175

1. Article Addressed to:

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

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

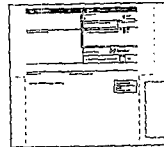
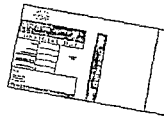
3. Service Type

☒ Certified

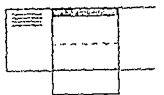
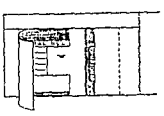
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 5175

1. Article Addressed to:

MACLONDON ENERGY LP
PO BOX 14230
ODESSA, TX 79768

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 #: 2193
Article #: 71106605959000125175
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0013 3040

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

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

MADALYN JOY JOHNSON
PO BOX 7371
TAHOE CITY, CA 96145

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



7110 6605 9590 0013 3040

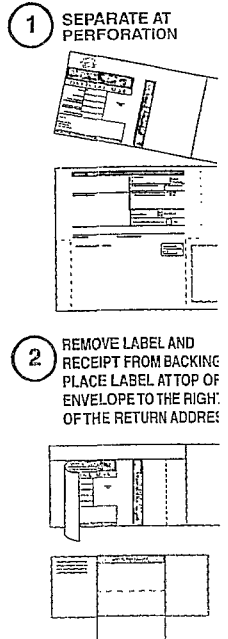
MADALYN JOY JOHNSON
PO BOX 7371

TAHOE CITY, CA 96145

Batch #: 2269
Article #: 71106605959000133040
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-9 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3040	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MADALYN JOY JOHNSON PO BOX 7371 TAHOE CITY, CA 96145	D. Is 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 3040	A. Signature X <i>Madalyn Joy Johnson</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MADALYN JOY JOHNSON PO BOX 7371 TAHOE CITY, CA 96145	D. Is 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 #: 71106605959000133040
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3057

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	

sent To **MAE GERSBACH**
52 RD 6050
Street, Apt. No.;
PO Box No.
City, State, Zip+4 **FARMINGTON, NM 87401**

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3057

MAE GERSBACH
52 RD 6050
FARMINGTON, NM 87401

Batch #: 2269
Article #: 71106605959000133057
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3057		A. Signature ☐ Agent X ☐ 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	
MAE GERSBACH 52 RD 6050 FARMINGTON, NM 87401		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 #: 2269
Article #: 71106605959000133057
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

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Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0013 3064

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

sent To **MAHONEY HOLDINGS LLC**
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

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

Form 3800, August 2006 See Reverse for Instructions



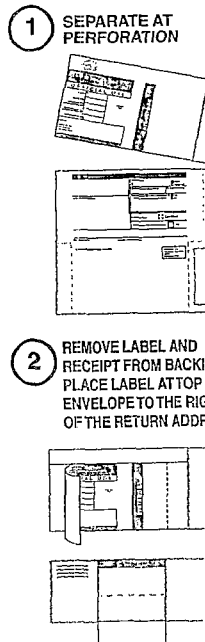
7110 6605 9590 0013 3064

MAHONEY HOLDINGS LLC
7675 W 14TH AVE
STE #102
LAKEWOOD, CO 80214

Batch #: 2269
 Article #: 71106605959000133064
 Date/Time: 9/14/2010 2:59:27 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 3064		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	
1. Article Addressed to:			
MAHONEY HOLDINGS LLC 7675 W 14TH AVE STE #102 LAKEWOOD, CO 80214			
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	



2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3064		A. Signature ☒ Agent ☐ Addressee	
		X <i>T.J. Infantino</i>	
		B. Received by (Printed Name) <i>T.J. INFANTINO</i>	C. Date of Delivery <i>09/17/2010</i>
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
1. Article Addressed to:			
MAHONEY HOLDINGS LLC 7675 W 14TH AVE STE #102 LAKEWOOD, CO 80214			
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2269
 Article #: 71106605959000133064
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:



U.S. Postal Service™
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7110 6605 9590 0013 3767

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
MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN

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

DALLAS, TX 75252

PS Form 3800, August 2006 See Reverse for Instructions

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

7110 6605 9590 0013 3767

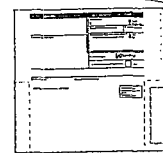
MALCOLM EDWARD SMITH JR
6720 SUMMER MEADOW LN
DALLAS, TX 75252

Batch #: 2273
Article #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

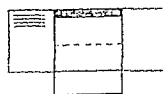
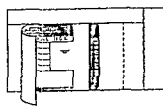
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3767	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MALCOLM EDWARD SMITH JR 6720 SUMMER MEADOW LN DALLAS, TX 75252	D. Is delivery address different from item 1? ☐ Yes 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 3767	A. Signature X <i>Malcolm Smith Jr</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MALCOLM EDWARD SMITH JR 6720 SUMMER MEADOW LN DALLAS, TX 75252	D. Is 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



Batch #: 2273
Article #: 71106605959000133767
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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

7110 6605 9590 0012 5182

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	

sent To

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

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5182

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

Batch #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 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 5182

1. Article Addressed to:

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

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

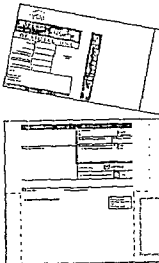
3. Service Type

☒ Certified

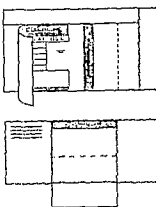
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 5182

1. Article Addressed to:

MALONE FAMILY TRUST
607 FAIRWAY DRIVE
REDLANDS, CA 92373

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 #: 2193
Article #: 71106605959000125182
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



U.S. Postal Service
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Certified Mail (Only; No Insurance Coverage Provided)
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7110 6605 9590 0012 5205

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	

sent To

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

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5205

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

Batch #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5205

1. Article Addressed to:

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2. Article Number

7110 6605 9590 0012 5205

1. Article Addressed to:

MANUEL A FERRAN
435 AMHERST NE
ALBUQUERQUE, NM 87106

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

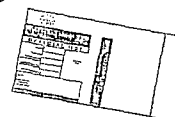
3. Service Type

☒ Certified

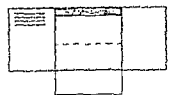
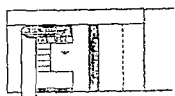
4. Restricted Delivery? (Extra Fee)

☐ 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



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. 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 #: 2193
Article #: 71106605959000125205
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

PS Form 3811

Domestic Return Receipt

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7110 6605 9590 0013 3774

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

MANUEL F MARTINEZ JR
992 S BROADWAY
TRUTH OR CONSEQUENCE, NM 87901

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3774

MANUEL F MARTINEZ JR
992 S BROADWAY
TRUTH OR CONSEQUENCE, NM 87901

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3774	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to: MANUEL F MARTINEZ JR 992 S BROADWAY TRUTH OR CONSEQUENCE, NM 87901	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

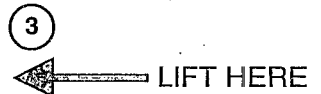
UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2273
Article #: 71106605959000133774
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



Reorder Form LCD rev. 01/07



7110 6605 9590 0012 5212

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	

ent To

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

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5212

MANUEL S & BERNADETTE GOMEZ LIV TR
P O BOX 455
DULCE, NM 87528

Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 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 5212	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MANUEL S & BERNADETTE GOMEZ LIV TR P O BOX 455 DULCE, NM 87528	D. Is 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		

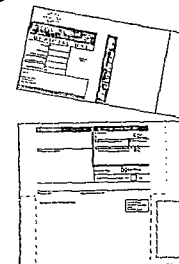
PS Form 3811

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5212	A. Signature X Estella ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 9-2-10
MANUEL S & BERNADETTE GOMEZ LIV TR P O BOX 455 DULCE, NM 87528	D. Is 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		

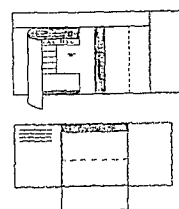
PS Form 3811

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



Batch #: 2193
Article #: 71106605959000125212
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 5236

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	

ent To

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

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5236

MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947

Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 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 5236	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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
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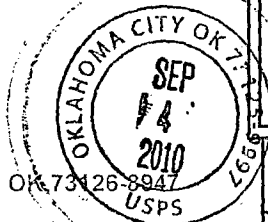
Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5236	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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
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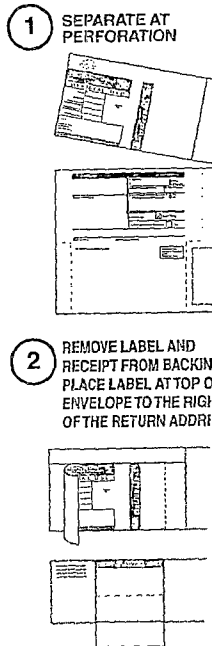
MAP HOLDINGS
PO BOX 268947
OKLAHOMA CITY, OK 73126-8947



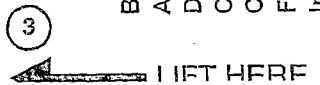
Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt



Batch #: 2193
Article #: 71106605959000125236
Date/Time: 8/31/2010 12:27:43 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:





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7110 6605 9590 0012 5229

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	

sent To

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

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5229

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Batch #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 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 5229

1. Article Addressed to:

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

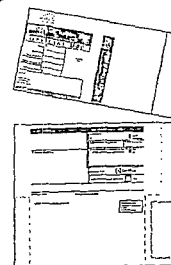
3. Service Type

☒ Certified

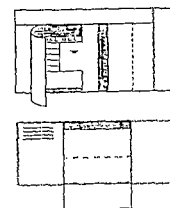
4. Restricted Delivery? (Extra Fee)

☐ 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 5229

1. Article Addressed to:

MAP 92 96 MGD
PO BOX 268984
OKLAHOMA CITY, OK 73126-8984

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. 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 #: 2193
Article #: 71106605959000125229
Date/Time: 8/31/2010 12:27:43 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)
7110 6605 9590 0012 5243

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

MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

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 5243

MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Batch #: 2193
Article #: 71106605959000125243
Date/Time: 8/31/2010 12:27:43 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 5243

1. Article Addressed to:
MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

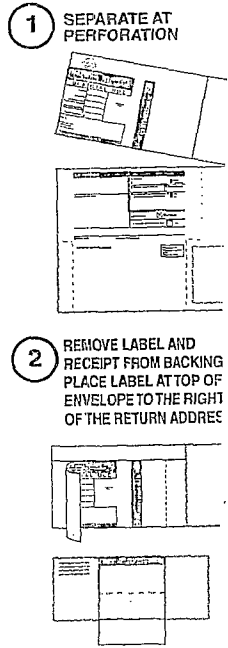
A. Signature ☐ Agent ☒ Addressee
X

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

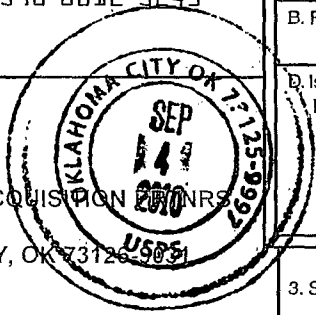
4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number
7110 6605 9590 0012 5243

1. Article Addressed to:
MAP K&W OK
C/O MINERAL ACQUISITION PRTRNS
PO BOX 269031
OKLAHOMA CITY, OK 73126-9031

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X [Signature]

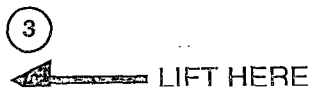
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125243
Date/Time: 8/31/2010 12:27:43 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

7110 6605 9590 0012 5250

Postage	\$ 1.05	Postmark 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: MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



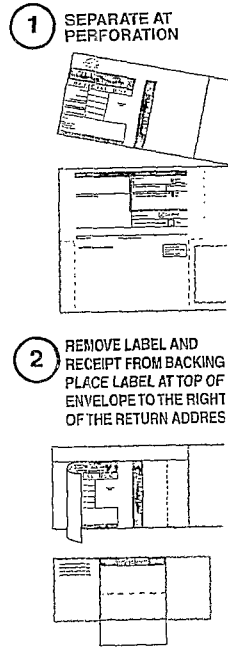
7110 6605 9590 0012 5250

MAP2001-NET
PO BOX 268988
OKLAHOMA CITY, OK 73126

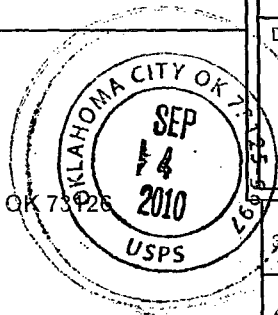
Batch #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

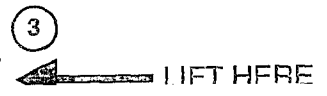
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5250	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAP2001-NET PO BOX 268988 OKLAHOMA CITY, OK 73126	D. Is delivery address different from item 1? ☐ Yes If YES enter 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 5250	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MAP2001-NET PO BOX 268988 OKLAHOMA CITY, OK 73126	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 #: 2193
Article #: 71106605959000125250
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 5267

Postage	\$ 1.05	Postmark 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
MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



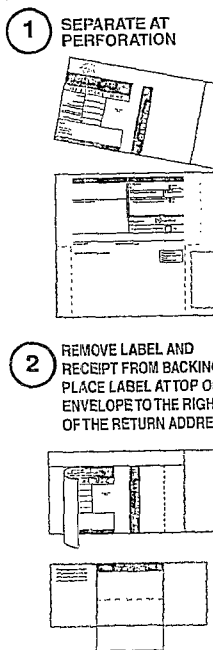
7110 6605 9590 0012 5267

MAP99A-NET
PO BOX 268947
OKLAHOMA CITY, OK 73126

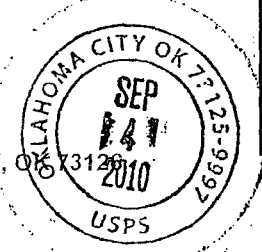
Batch #: 2193
Article #: 71106605959000125267
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

2. Article Number 7110 6605 9590 0012 5267	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MAP99A-NET PO BOX 268947 OKLAHOMA CITY, OK 73126 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5267	COMPLETE THIS SECTION ON DELIVERY A. Signature X [Signature] ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MAP99A-NET PO BOX 268947 OKLAHOMA CITY, OK 73126 Code: Allocation Project - D.Howell	



Batch #: 2193
Article #: 71106605959000125267
Date/Time: 8/31/2010 12:27:44 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 5274

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

MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



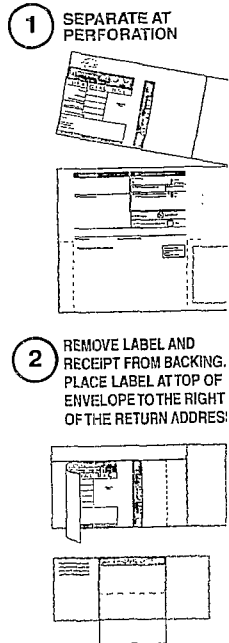
7110 6605 9590 0012 5274

MAR OIL & GAS CORPORATION
ATTN M A ROMERO
PO BOX 5155
SANTA FE, NM 87502

Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 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 5274	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MAR OIL & GAS CORPORATION ATTN M A ROMERO PO BOX 5155 SANTA FE, NM 87502 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5274	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MAR OIL & GAS CORPORATION ATTN M A ROMERO PO BOX 5155 SANTA FE, NM 87502 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125274
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5281

Postage	\$ 1.05	Postmark 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.
ity, State, Zip+4

MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5281

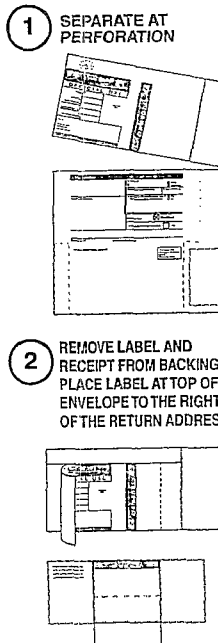
MARALEX RESOURCES INC
PO BOX 338
IGNACIO, CO 81137

Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 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 5281	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARALEX RESOURCES INC PO BOX 338 IGNACIO, CO 81137 Code: Allocation Project - D.Howell	

PS Form 3811



2. Article Number 7110 6605 9590 0012 5281	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Sue C. Herrera</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery SUE C. HERRERA 9-7-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARALEX RESOURCES INC PO BOX 338 IGNACIO, CO 81137 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125281
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3071

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 **MARCIA L BERGER EDUCATIONAL FOUNDAT**

PO BOX 745

Street, Apt. No.;

PO Box No.

City, State, Zip+4

HOBBS, NM 88241

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3071

MARCIA L BERGER EDUCATIONAL FOUNDAT
PO BOX 745

HOBBS, NM 88241

Batch #: 2269

Article #: 71106605959000133071

Date/Time: 9/14/2010 2:59:27 PM

Code:

Code2:

File #:

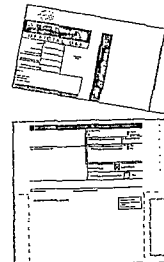
Internal File #:

Internal Code #:

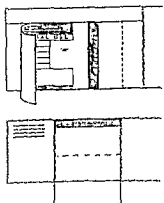
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3071	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARCIA L BERGER EDUCATIONAL FOUNDAT	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
PO BOX 745	
HOBBS, NM 88241	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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3071	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARCIA L BERGER EDUCATIONAL FOUNDAT	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
PO BOX 745	
HOBBS, NM 88241	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269

Article #: 71106605959000133071

Date/Time: 9/14/2010 2:59:27 PM

Code:

Code2:

File #:

Internal File #:

Internal Code #:



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CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
Information visit our website at www.usps.com
7110 6605 9590 0012 5304

Postage	\$ 1.05	Postmark 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
street, Apt. No.,
PO Box No.
ity, State, Zip+4

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5304

MARGARET A KEARNS TRUST
1440 OSPREY AVE
NAPLES, FL 34102-3464

Batch #: 2193
Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 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 5304	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: MARGARET A KEARNS TRUST 1440 OSPREY AVE NAPLES, FL 34102-3464	A. Signature X ☐ Agent ☐ Addressee
	B. 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
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



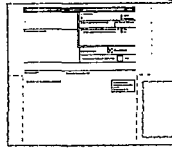
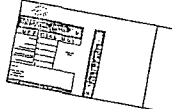
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

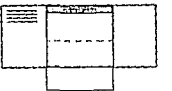
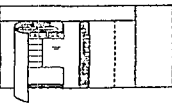
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Article #: 71106605959000125304
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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.





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7110 6605 9590 0012 5328

Postage	\$ 1.05	Postmark 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
street, Apt. No.;
r PO Box No.
ity, State, Zip+4

MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5328

MARGARET ALLINSON LAYCOCK
2003 LOST CREEK BLVD
AUSTIN, TX 78746

Batch #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0012 5328	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARGARET ALLINSON LAYCOCK 2003 LOST CREEK BLVD AUSTIN, TX 78746 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

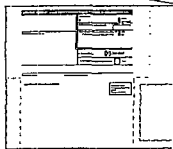
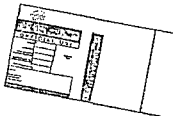
Lisa Hunter, Land Department
SJBU ConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125328
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

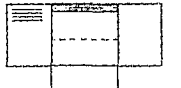
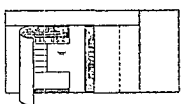
3

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





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For delivery information, visit our website at www.usps.com
7110 6605 9590 0012 5311

Postage	\$ 1.05	Postmark 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

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

PS Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5311

MARGARET A MOMSEN
3135 47TH ST
PHOENIX, AZ 85018

Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number 7110 6605 9590 0012 5311	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARGARET A MOMSEN 3135 47TH ST PHOENIX, AZ 85018 Code: Allocation Project - D.Howell	

PS Form 3811

Domestic Return Receipt

2. Article Number 7110 6605 9590 0012 5311	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No UNCLAIMED 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET A MOMSEN 3135 47TH ST PHOENIX, AZ 85018	

Batch #: 2193
Article #: 71106605959000125311
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:

1 SEPARATE AT PERFORATION

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

Domestic Return Receipt



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 5335

Postage	\$ 1.05	Postmark 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
Street, Apt. No.,
or PO Box No.
City, State, Zip+4

MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



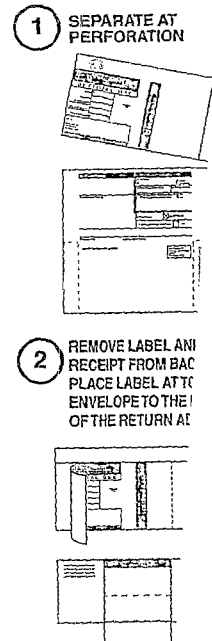
7110 6605 9590 0012 5335

MARGARET C BURGESS
7181 E CAMELBACK RD, APT 905
SCOTTSDALE, AZ 85251

Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 01/07

2. Article Number 7110 6605 9590 0012 5335	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARGARET C BURGESS 7181 E CAMELBACK RD, APT 905 SCOTTSDALE, AZ 85251 Code: Allocation Project - D.Howell	



2. Article Number 7110 6605 9590 0012 5335	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/4/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MARGARET C BURGESS 7181 E CAMELBACK RD, APT 905 SCOTTSDALE, AZ 85251 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125335
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:



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For more information visit our website at www.usps.com
7110 6605 9590 0012 5342

Postage	\$ 1.05	Postmark 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
street, Apt. No.;
r PO Box No.
ity, State, Zip+4

MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5342

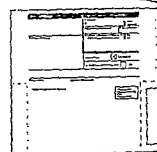
MARGARET C PARGIN
PO BOX 665
TOME, NM 87060

Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

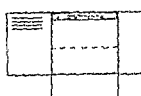
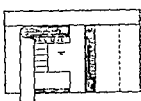
PS Form 3800, August 2006 See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 5342	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARGARET C PARGIN PO BOX 665 TOME, NM 87060 Code: Allocation Project - D.Howell	

1 SEPARATE AT PERFORATION



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



2. Article Number 7110 6605 9590 0012 5342	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery DeeDee D. Pargin 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: MARGARET C PARGIN PO BOX 665 TOME, NM 87060 Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125342
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



U.S. Postal Service
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Delivery, information visit our website at www.usps.com
7110 6605 9590 0012 5359

Postage	\$ 1.05	Postmark 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
Street, Apt. No.;
or PO Box No.
City, State, Zip+4

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5359

MARGARET E HOUSER-SILVA
9729 CAMINO DEL SOL NE
ALBUQUERQUE, NM 87111-1509

Batch #: 2193
Article #: 71106605959000125359
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

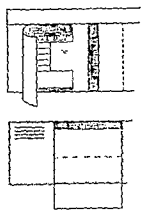
Reorder Form LCD-811 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5359	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET E HOUSER-SILVA 9729 CAMINO DEL SOL NE ALBUQUERQUE, NM 87111-1509	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 BAC PLACE LABEL AT TC ENVELOPE TO THE I OF THE RETURN AC



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5359	A. Signature X <i>M. Houser-Silva</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>M. Houser-Silva</i>	C. Date of Delivery <i>9/4/10</i>
MARGARET E HOUSER-SILVA 9729 CAMINO DEL SOL NE ALBUQUERQUE, NM 87111-1509	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 #: 2193
Article #: 71106605959000125359
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:



U.S. Postal Service
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7110 6605 9590 0012 5373

Postage	\$1.05	Postmark 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
MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5373

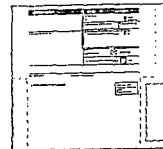
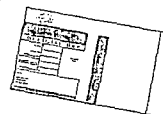
MARGARET H. WYGOCKI
721 ROBINS ROAD
LANSING, MI 48917

Batch #: 2193
Article #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

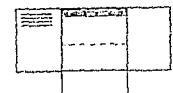
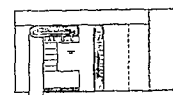
Reorder Form LCD-
Rev. 01/07

2. Article Number 7110 6605 9590 0012 5373	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARGARET H. WYGOCKI 721 ROBINS ROAD LANSING, MI 48917	
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 5373	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Bill Wygocki</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Bill Wygocki</i> C. Date of Delivery <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: MARGARET H. WYGOCKI 721 ROBINS ROAD LANSING, MI 48917	
Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125373
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5380

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

Postmark
Here

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5380

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

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

MARGARET HUNT HILL AI G HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

PS Form 3800, August 2006 See Reverse for Instructions

Batch #: 2193
Article #: 71106605959000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8111 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5380	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL AI G HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	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 5380	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-3-10
MARGARET HUNT HILL AI G HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	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

Batch #: 2193
Article #: 71106605959000125380
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell

3

LIFT



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7110 6605 9590 0012 5397

Postage	\$ 1.05	Postmark 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

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5397

MARGARET HUNT HILL CODY WIKERT TRUS
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

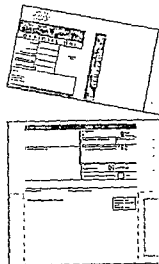
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5397	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL CODY WIKERT TRUS 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is delivery address different 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

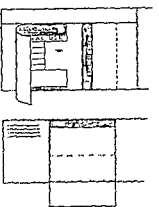
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5397	A. Signature X <i>Patty Salario</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Patty Salario</i>
MARGARET HUNT HILL CODY WIKERT TRUS 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is 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 #: 2193
Article #: 71106605959000125397
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal Code #:



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7110 6605 9590 0012 5441

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	

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

MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

Form 3800, April 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5441

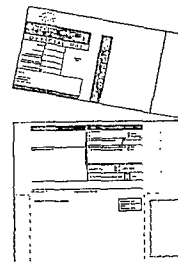
MARGARET HUNT HILL, AL G HILL III T
C/O STEPHAN MALOUF, TRUSTEE
3811 TURTLE CREEK, SUITE 1600
DALLAS, TX 75219

Batch #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

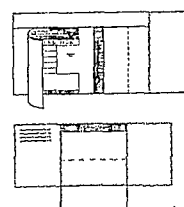
Reorder Form LCD Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5441	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL, AL G HILL III T C/O STEPHAN MALOUF, TRUSTEE 3811 TURTLE CREEK, SUITE 1600 DALLAS, TX 75219	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 5441	A. Signature x Colleen Gilbert ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery Colleen Gilbert 9.8.10
MARGARET HUNT HILL, AL G HILL III T C/O STEPHAN MALOUF, TRUSTEE 3811 TURTLE CREEK, SUITE 1600 DALLAS, TX 75219	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 #: 2193
Article #: 71106605959000125441
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5403

Postage	\$	\$1.05	Postmark 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
street, Apt. No.;
PO Box No.
ity, State, Zip+4

MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5403

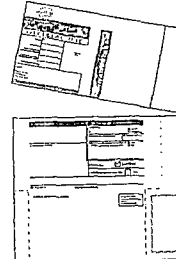
MARGARET HUNT HILL ELISA HILL TRUST
1601 ELM, STE 5000
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

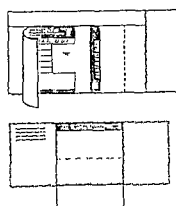
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5403	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL ELISA HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	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 5403	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARET HUNT HILL ELISA HILL TRUST 1601 ELM, STE 5000 DALLAS, TX 75201	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 #: 2193
Article #: 71106605959000125403
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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7110 6605 9590 0012 5427

Postage	\$	\$1.05	Postmark 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

MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5427

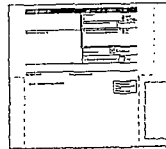
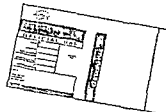
MARGARET HUNT HILL MARGRETTA WIKERT
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

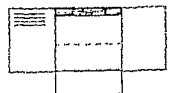
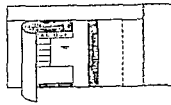
Reorder Form LCD-8 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5427	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGARET HUNT HILL MARGRETTA WIKERT 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is 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 5427	A. Signature X <i>Patty Satarino</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Patty Satarino</i>	C. Date of Delivery
MARGARET HUNT HILL MARGRETTA WIKERT 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	D. Is 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 #: 2193
Article #: 71106605959000125427
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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(Certified Mail Only; No Insurance Coverage Provided)
For more information visit our Website at www.usps.com

7110 6605 9590 0012 5434

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		

Post To
MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5434

MARGARET HUNT HILL MICHAEL WISENBAK
2101 CEDAR SPRINGS RD, STE 1800
DALLAS, TX 75201

Batch #: 2193
Article #: 71106605959000125434
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

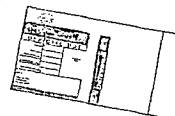
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5434	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	MARGARET HUNT HILL MICHAEL WISENBAK 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	
3. Service Type		☒ Certified
4. Restricted Delivery? (Extra Fee)		☐ Yes

Code: Allocation Project - D.Howell

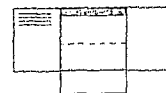
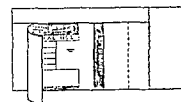
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5434	A. Signature X <i>Patty Satarink</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	MARGARET HUNT HILL MICHAEL WISENBAK 2101 CEDAR SPRINGS RD, STE 1800 DALLAS, TX 75201	
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

Batch #: 2193
Article #: 71106605959000125434
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5458

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

Delivered To
MARGARITA L ARCHULETA
PO BOX 355
BLANCO, NM 87412

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5458

MARGARITA L ARCHULETA
PO BOX 355
BLANCO, NM 87412

Batch #: 2193
Article #: 71106605959000125458
Date/Time: 8/31/2010 12:27:44 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 5458	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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

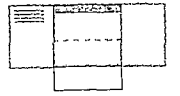
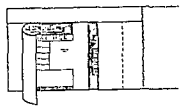
2. Article Number 7110 6605 9590 0012 5458	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (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

Batch #: 2193
Article #: 71106605959000125458
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5465

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	

sent To

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

MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5465

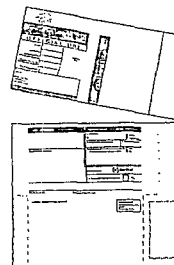
MARGARITA M. MAESTAS
#10 NM HWY 173
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

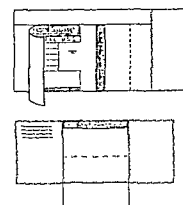
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5465	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARITA M. MAESTAS #10 NM HWY 173 AZTEC, NM 87410	D. Is 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 5465	A. Signature X <i>Margarita Maestas</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARGARITA M. MAESTAS #10 NM HWY 173 AZTEC, NM 87410	D. Is 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 #: 2193
Article #: 71106605959000125465
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3781

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 **MARGUERITE M PLEMONS**
4957 KATHY DR

reet, Apt. No.,
r PO Box No.
ity, State, Zip+4 **CORPUS CHRISTI, TX 78411**

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3781

MARGUERITE M PLEMONS
4957 KATHY DR

CORPUS CHRISTI, TX 78411

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

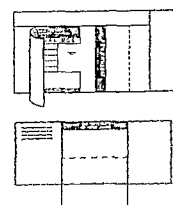
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3781	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGUERITE M PLEMONS 4957 KATHY DR CORPUS CHRISTI, TX 78411	D. Is 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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3781	A. Signature X <i>Mplemons</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARGUERITE M PLEMONS 4957 KATHY DR CORPUS CHRISTI, TX 78411	<i>Jim PLEMONS</i>	<i>9-21-10</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	

Batch #: 2273
Article #: 71106605959000133781
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5472

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	

sent To

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

MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5472

MARIA DELFINITA GOMEZ CHAVEZ
603 WHITE AVE
AZTEC, NM 87410

Batch #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 rev. 01/07

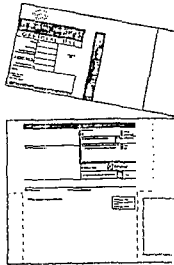
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5472	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIA DELFINITA GOMEZ CHAVEZ 603 WHITE AVE AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
3. Service Type ☒ Certified		
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

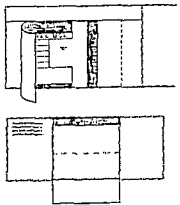
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5472	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIA DELFINITA GOMEZ CHAVEZ 603 WHITE AVE AZTEC, NM 87410	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9.2.2010
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

Batch #: 2193
Article #: 71106605959000125472
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3088

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

MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

PS Form 3800, August 2006 See Reverse for Instructions

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

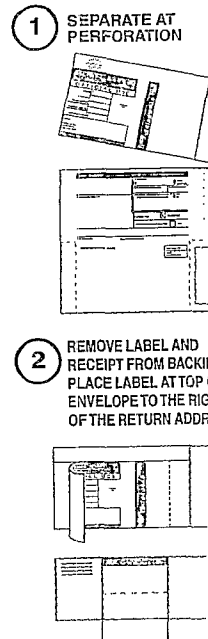
7110 6605 9590 0013 3088

MARIAN F EARP
C/O FRANCIS LEE MEYER
PO BOX 241
MORRISONVILLE, IL 62546

Batch #: 2269
Article #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 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 3088	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN F EARP C/O FRANCIS LEE MEYER PO BOX 241 MORRISONVILLE, IL 62546	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes



P

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3088	A. Signature X <i>Francis Lee Meyer</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>FRANCIS LEE MEYER</i> <i>9/13/10</i>
MARIAN F EARP C/O FRANCIS LEE MEYER PO BOX 241 MORRISONVILLE, IL 62546	D. Is 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 #: 71106605959000133088
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0013 3798

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

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3798

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2273
Article #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3798

1. Article Addressed to:

MARIAN ISERN TR C DTD 12/31/93
FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

COMPLETE THIS SECTION ON DELIVERY

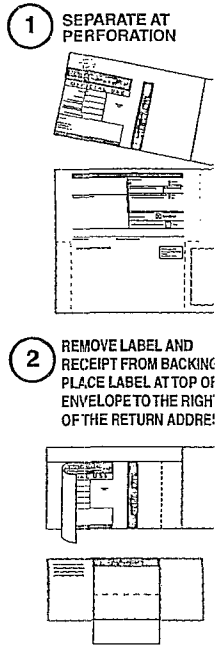
A. Signature ☒ Agent ☐ Addressee
X

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



PS Form 3811 Domestic Return Receipt

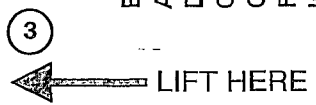
UNITED STATES POSTAL SERVICE

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

Reorder Form LCD-0 rev. 01/07

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

Batch #: 2273
Article #: 71106605959000133798
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 5489

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	

sent To

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

MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5489

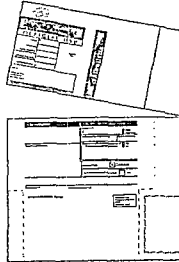
MARIAN F EARP 1990 IRREVOCABLE TRUS
BOX 241
MORRISONVILLE, IL 62546

Batch #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

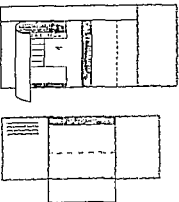
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5489	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARIAN F EARP 1990 IRREVOCABLE TRUS BOX 241 MORRISONVILLE, IL 62546	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 5489	A. Signature X <i>George E. Meyer</i>	☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>George E. Meyer</i>	C. Date of Delivery <i>9-10-10</i>
MARIAN F EARP 1990 IRREVOCABLE TRUS BOX 241 MORRISONVILLE, IL 62546	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 #: 2193
Article #: 71106605959000125489
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5496

Postage	\$	
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

Postmark Here

Postage To: MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5496

MARIAN ISERN REVOCABLE TRUST D
ATTN MINERAL MGMT DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2193

Article #: 71106605959000125496

Date/Time: 8/31/2010 12:27:44 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:

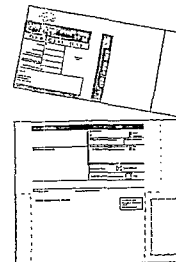
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5496	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN ISERN REVOCABLE TRUST D ATTN MINERAL MGMT DEPT PO BOX 3480 OMAHA, NE 68103-0480	D. Is delivery address different 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

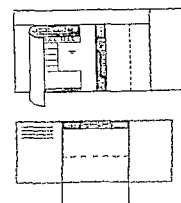
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5496	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIAN ISERN REVOCABLE TRUST D ATTN MINERAL MGMT DEPT PO BOX 3480 OMAHA, NE 68103-0480	D. Is delivery address different 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

Batch #: 2193

Article #: 71106605959000125496

Date/Time: 8/31/2010 12:27:44 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:



US Postal Service
CERTIFIED MAIL RECEIPT
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For information, visit our website at www.usps.com

7110 6605 9590 0012 5502

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	

Post To

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

MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



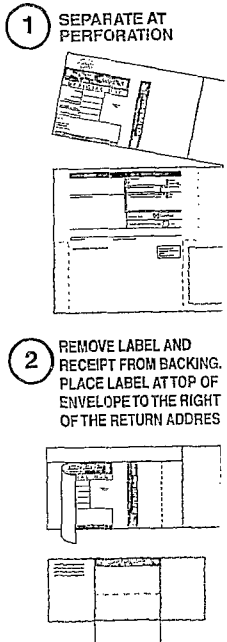
7110 6605 9590 0012 5502

MARIAN ISERN TRUST C
C/O FARMERS NATL CO AGENT
PO BOX 3480 OIL & GAS DEPT
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125502
Date/Time: 8/31/2010 12:27:44 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 5502	A. Signature X	☐ Agent ☐ Addressee
	B. 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	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARIAN ISERN TRUST C C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5502	A. Signature X <i>Mason Breake</i>	☐ Agent ☐ Addressee
	B. Received by (Printed Name) <i>Mason Breake</i>	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARIAN ISERN TRUST C C/O FARMERS NATL CO AGENT PO BOX 3480 OIL & GAS DEPT OMAHA, NE 68103-0480		
Code: Allocation Project - D.Howell		

Batch #: 2193
Article #: 71106605959000125502
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5519

Postage	\$	\$1.05	Postmark 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

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5519

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Batch #: 2193
Article #: 711066059590000125519
Date/Time: 8/31/2010 12:27:44 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 5519

1. Article Addressed to:

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

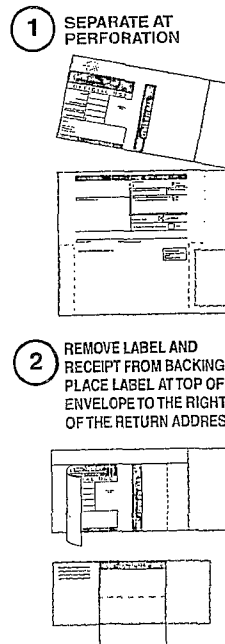
A. Signature ☒ Agent ☐ Addressee
X

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 5519

1. Article Addressed to:

MARIAN N HARWELL
112 E PECAN ST, STE 500
SAN ANTONIO, TX 78205

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *B. Scheel*

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 711066059590000125519
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5526

Postage	\$	\$1.05	Postmark 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

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5526

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Batch #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5526

1. Article Addressed to:

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

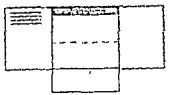
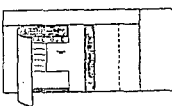
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 5526

1. Article Addressed to:

MARIE A SCHAEFER
3223 FERNWOOD CT
DAVENPORT, IA 52807-2558

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X **M. Schaefer** ☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
M. Schaefer **9-4-10**
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☒ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125526
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For more information visit our Website at www.usps.com

7110 6605 9590 0012 5533

Postage	\$	\$1.05	Postmark 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
Street, Apt. No.,
PO Box No.,
City, State, Zip+4

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5533

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Batch #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 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 5533

1. Article Addressed to:

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☐ Addressee

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

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

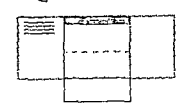
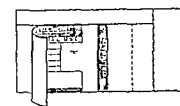
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 5533

1. Article Addressed to:

MARIE ARNOLD
PO BOX 1893
FARMINGTON, NM 87499

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Marie J. Arnold ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Marie J. Arnold *9-11-10*

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 #: 2193
Article #: 71106605959000125533
Date/Time: 8/31/2010 12:27:44 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 5540

Postage	\$		Postmark Here
	\$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	

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

MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5540

MARIE C MORGAN
16037 LEDGE ROCK DRIVE
PARKER, CO 80134

Batch #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5540	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARIE C MORGAN 16037 LEDGE ROCK DRIVE PARKER, CO 80134	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

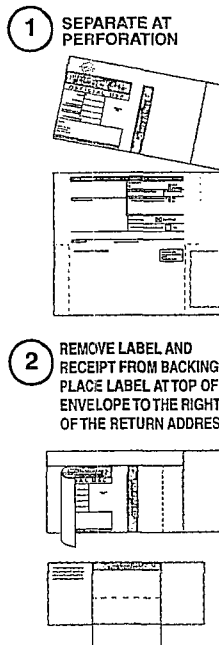


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Batch #: 2193
Article #: 71106605959000125540
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE



Reorder Form LCR rev. 01/07



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 5557

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

Send To
Street, Apt. No.,
PO Box No.
City, State, Zip+4
MARIE R RABB TRUST
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 5557

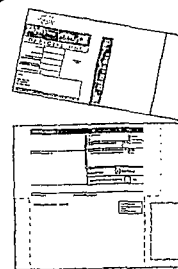
MARIE R RABB TRUST
PO BOX 99084
FORT WORTH, TX 76199-0084

Batch #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

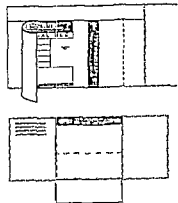
Reorder Form LCD-5 rev. 01/07

2. Article Number 7110 6605 9590 0012 5557	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARIE R RABB TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	
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 5557	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☒ Agent ☐ Addressee B. 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: MARIE R RABB TRUST PO BOX 99084 FORT WORTH, TX 76199-0084	
Code: Allocation Project - D.Howell	

Batch #: 2193
Article #: 71106605959000125557
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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

7110 6605 9590 0012 5564

Postage	\$	\$1.05	Postmark 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.,
or PO Box No.
City, State, Zip+4

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

PS Form 3800, August 2009, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5564

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

Batch #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 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 5564

1. Article Addressed to:

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

1 SEPARATE AT PERFORATION

2 REMOVE LABEL AND RECIPT FROM BACK PLACE LABEL ATTACH ENVELOPE TO THE OF THE RETURN A

2. Article Number

7110 6605 9590 0012 5564

1. Article Addressed to:

MARILYN A MCGEE
PO BOX 127
LAKE HILL, NY 12448

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2193
Article #: 71106605959000125564
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:

PROVED

Postal Service
REGISTERED MAIL RECEIPT
(Insurance: Mail Only, No Insurance Coverage Provided)
Delivery Information Visit our Website at www.usps.com

7110 6605 9590 0012 5571

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	

Sent To

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

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 5571

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

Batch #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 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 5571

1. Article Addressed to:

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

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 5571

1. Article Addressed to:

MARILYN BERG
7947 LAKE CAYUGA DR
SAN DIEGO, CA 92119

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 / RECEIPT FROM B PLACE LABEL AT ENVELOPE TO THE RETURN

3

Batch #: 2193
Article #: 71106605959000125571
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell

LIFT



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 5588

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	

ent To

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

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5588

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

Batch #: 2193
Article #: 71106605959000125588
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5588

1. Article Addressed to:

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

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 5588

1. Article Addressed to:

MARILYN DAVENPORT
1438 SUE BARNETT DR
HOUSTON, TX 77018

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 BACK
PLACE LABEL AT TOP
OF THE RETURN AT

3

Batch #: 2193
Article #: 71106605959000125588
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:



U.S. Postal Service
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7110 6605 9590 0012 5595

Postage	\$		Postmark Here
Certified Fee		\$4.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
Total Postage & Fees	\$	\$6.15	

sent To

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

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

Code: Allocation Project - D.Howell



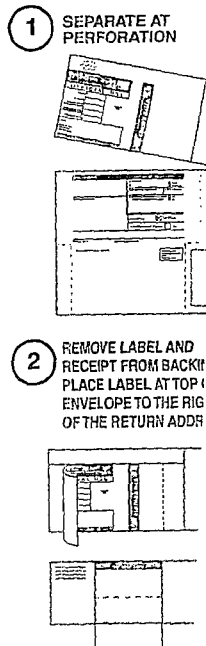
7110 6605 9590 0012 5595

MARILYN F MENASCO REV TR DTD 10 25
7714 STUEBEN WAY
STOCKTON, CA 95207

Batch #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 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 5595	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARILYN F MENASCO REV TR DTD 10 25 7714 STUEBEN WAY STOCKTON, CA 95207	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 5595	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARILYN F MENASCO REV TR DTD 10 25 7714 STUEBEN WAY STOCKTON, CA 95207	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 #: 2193
Article #: 71106605959000125595
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 5601

Postage	\$		Postmark Here
	\$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	

sent To

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

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5601

MARILYN L HESS
4019 CINNAMON FERN CT
HOUSTON, TX 77059

Batch #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

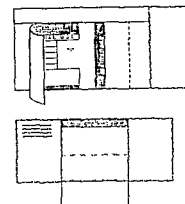
Reorder Form LCD-100 rev. 01/07

2: Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5601		
1. Article Addressed to:		
MARILYN L HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059		
Code: Allocation Project - D.Howell		
	A. Signature ☐ Agent ☒ Addressee	
	X	
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below:	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

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 5601		
1. Article Addressed to:		
MARILYN L HESS 4019 CINNAMON FERN CT HOUSTON, TX 77059		
Code: Allocation Project - D.Howell		
	A. Signature ☐ Agent ☒ Addressee	
	X	
	B. Received by (Printed Name)	C. Date of Delivery
	12/5/10	9/4/10
	D. Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below:	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	

Batch #: 2193
Article #: 71106605959000125601
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3811

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 **MARK A SCHAUER**
PO BOX 620126

LITTLETON, CO 80162

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

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3811

MARK A SCHAUER
PO BOX 620126

LITTLETON, CO 80162

Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3811

1. Article Addressed to:

MARK A SCHAUER
PO BOX 620126

LITTLETON, CO 80162

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. 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 3811

1. Article Addressed to:

MARK A SCHAUER
PO BOX 620126

LITTLETON, CO 80162

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. 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



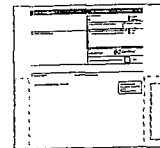
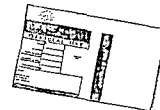
Certified

4. Restricted Delivery? (Extra Fee)

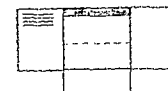
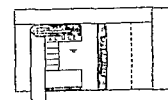
☐

Yes

1 SEPARATE AT PERFORATION



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



Batch #: 2273
Article #: 71106605959000133811
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:

3



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CERTIFIED MAIL™ RECEIPT
Electronic Mail Only; No Insurance Coverage Provided
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7110 6605 9590 0013 3095

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

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

MARK HAYDEN MEADE
4140 CONGRESS

BEAUMONT, TX 77705

PS Form 3800, August 2006, See Reverse for Instructions



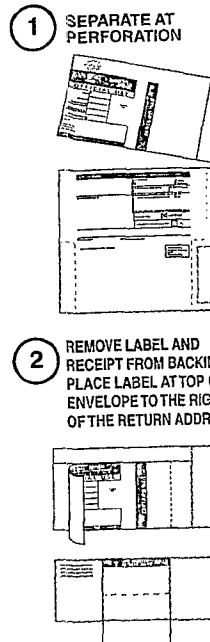
7110 6605 9590 0013 3095

MARK HAYDEN MEADE
4140 CONGRESS
BEAUMONT, TX 77705

Batch #: 2269
Article #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 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 3095	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK HAYDEN MEADE 4140 CONGRESS BEAUMONT, TX 77705	D. Is 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 3095	A. Signature X <i>my own</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK HAYDEN MEADE 4140 CONGRESS BEAUMONT, TX 77705	<i>MARK MEADE</i> <i>9.30.10</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

Batch #: 2269
Article #: 71106605959000133095
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5618

Postage	\$		Postmark Here
	\$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	

Send To
MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5618

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5618

1. Article Addressed to:

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

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 5618

1. Article Addressed to:

MARK PATE
ATTN OIL & GAS DEPT
PO BOX 3480
OMAHA, NE 68103-0480

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

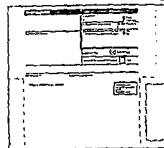
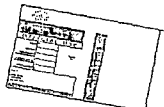
3. Service Type

☒ Certified

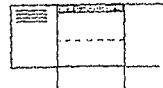
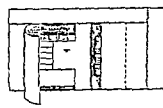
4. Restricted Delivery? (Extra Fee)

☐ 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



Batch #: 2193
Article #: 71106605959000125618
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0012 5625

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	

ant To
Street, Apt. No.,
PO Box No.
ity, State, Zip+4

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5625

MARK W ANDERSON
1501 CHIPPIWA LN, APT 316
COUNCIL BLUFFS, IA 51501-8066

Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

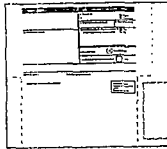
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5625	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK W ANDERSON 1501 CHIPPIWA LN, APT 316 COUNCIL BLUFFS, IA 51501-8066	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

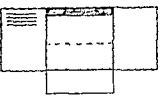
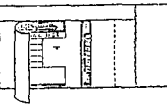
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5625	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-4-10
MARK W ANDERSON 1501 CHIPPIWA LN, APT 316 COUNCIL BLUFFS, IA 51501-8066	D. Is delivery address different from 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



Batch #: 2193
Article #: 71106605959000125625
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5632

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

Postmark Here

sent To

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

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5632

MARK W BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

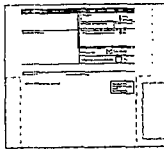
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5632	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK W BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

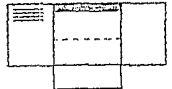
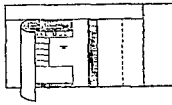
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5632	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARK W BRENNAND 8037 E DEL RUBI DR SCOTTSDALE, AZ 85258	D. Is delivery address different from item 1? ☐ Yes If YES 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

Batch #: 2193
Article #: 71106605959000125632
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3828

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

MARK WOOD BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3828

MARK WOOD BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3828

1. Article Addressed to:

MARK WOOD BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

COMPLETE THIS SECTION ON DELIVERY

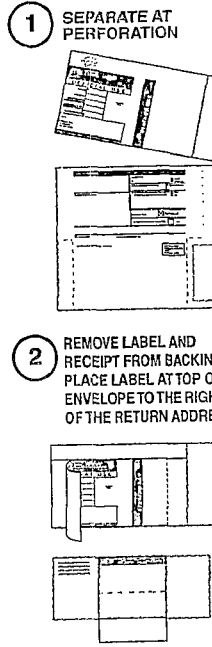
A. Signature
X ☐ Agent
☐ Addressee

B. 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 3828

1. Article Addressed to:

MARK WOOD BRENNAND
8037 E DEL RUBI DR
SCOTTSDALE, AZ 85258

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *DePrenant* ☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133828
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5649

Postage	\$		
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	

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5649

MARQUITA VAZQUEZ
2015 JOY LYNN
BLOOMFIELD, NM 87413Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

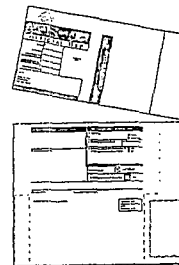
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5649		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARQUITA VAZQUEZ 2015 JOY LYNN BLOOMFIELD, NM 87413		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

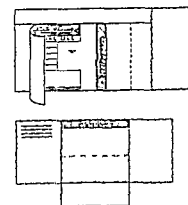
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5649		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MARQUITA VAZQUEZ 2015 JOY LYNN BLOOMFIELD, NM 87413		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	9-7-10
		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

Batch #: 2193
Article #: 71106605959000125649
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3835

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

MARTHA DELL FREDERICK 2001 TR
1203 CRESTVIEW DR

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

CLEBURNE, TX 76031-6016

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3835

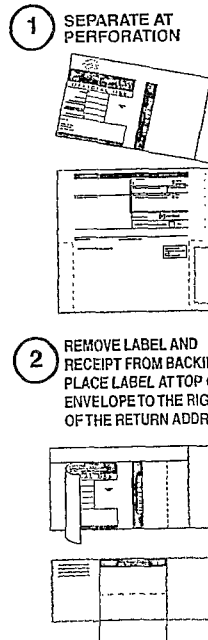
MARTHA DELL FREDERICK 2001 TR
1203 CRESTVIEW DR

CLEBURNE, TX 76031-6016

Batch #: 2273
Article #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 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 3835	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA DELL FREDERICK 2001 TR 1203 CRESTVIEW DR CLEBURNE, TX 76031-6016	D. Is 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 3835	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA DELL FREDERICK 2001 TR 1203 CRESTVIEW DR CLEBURNE, TX 76031-6016	D. Is 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 #: 2273
Article #: 71106605959000133835
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5663

Postage	\$		Postmark Here
Certified Fee		\$1-05	
Return Receipt Fee (endorsement Required)		\$2-80	
Restricted Delivery Fee (endorsement Required)		\$2-30	
Total Postage & Fees	\$	\$0-00	
		\$6-15	

ent To

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

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5663

MARTHA DIXON
311 W. TAGGARD STREET
BURNET, TX 78611

Batch #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

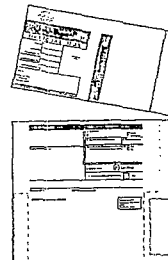
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5663		A. Signature X	☐ Agent ☐ Addressee
		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARTHA DIXON 311 W. TAGGARD STREET BURNET, TX 78611			

Code: Allocation Project - D.Howell

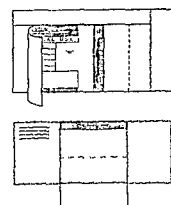
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5663		A. Signature X <i>Mary D. Payne</i>	☐ Agent ☐ Addressee
		B. Received by (Printed Name) <i>MARY D. PAYNE</i>	C. Date of Delivery <i>9-9-10</i>
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
1. Article Addressed to:		4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARTHA DIXON 311 W. TAGGARD STREET BURNET, TX 78611			

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



Batch #: 2193
Article #: 71106605959000125663
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5656

Postage	\$		Postmark Here
Certified Fee	\$1-05		
Return Receipt Fee (endorsement Required)	\$2-80		
Restricted Delivery Fee (endorsement Required)	\$2-30		
Total Postage & Fees	\$0-00		
	\$	\$6-15	

ant To
reet, Apt. No.;
PO Box No.
ity, State, Zip+4

MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5656

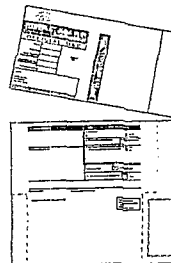
MARTHA A SIAU
PO BOX 347
EAGLE NEST, NM 87718

Batch #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

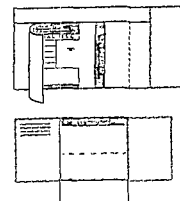
Reorder Form LDD-3 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5656	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA A SIAU PO BOX 347 EAGLE NEST, NM 87718	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 5656	A. Signature X <i>M. Siau</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA A SIAU PO BOX 347 EAGLE NEST, NM 87718	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 #: 2193
Article #: 71106605959000125656
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5670

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	

sent To

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

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

Form 3800, August 2006 PSN See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5670

MARTHA ELIZABETH DUGAN
PO BOX 1453
GRANBURY, TX 76048-8453

Batch #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5670		A. Signature ☐ Agent X ☐ 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	
MARTHA ELIZABETH DUGAN PO BOX 1453 GRANBURY, TX 76048-8453		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 #: 2193
Article #: 71106605959000125670
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

IFT HERE

Reorder Form LCP-1 R rev. 01/07



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7110 6605 9590 0012 5687

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	

ent To

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

MARTHA J ATKINS
2209 N PARKWOOD ST
HARLINGEN, TX 78550-8024

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5687

MARTHA J ATKINS
2209 N PARKWOOD ST
HARLINGEN, TX 78550-8024

Batch #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 10/01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5687	A. Signature X	☐ Agent ☐ Addressee
	B. 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	
1. Article Addressed to:	4. Restricted Delivery? (Extra Fee) ☐ Yes	
MARTHA J ATKINS 2209 N PARKWOOD ST HARLINGEN, TX 78550-8024		

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

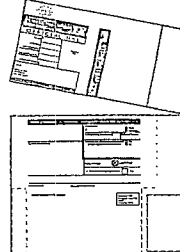
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125687
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

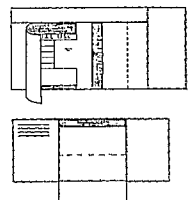
3

IFT HFRF

1 SEPARATE AT PERFORATION



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





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7110 6605 9590 0012 5694

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	

sent To

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

MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

PS Form 3810, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5694

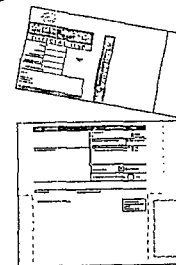
MARTHA K WILLIAMSON
4662 S FRASER CIR, APT D
AURORA, CO 80015

Batch #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

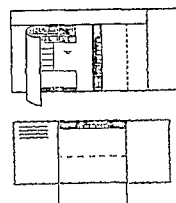
Reorder Form LCD-5 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5694	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA K WILLIAMSON 4662 S FRASER CIR, APT D AURORA, CO 80015	D. Is 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 5694	A. Signature X <i>Martha K Williamson</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA K WILLIAMSON 4662 S FRASER CIR, APT D AURORA, CO 80015	D. Is 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 #: 2193
Article #: 71106605959000125694
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 5700

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

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

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



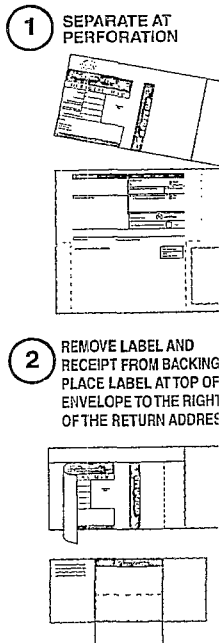
7110 6605 9590 0012 5700

MARTHA M TUCKER
PO BOX 2822
HOUSTON, TX 77252-2822

Batch #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 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 5700	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARTHA M TUCKER PO BOX 2822 HOUSTON, TX 77252-2822	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 5700	A. Signature X J. Felden ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery SEP 07 2010
MARTHA M TUCKER PO BOX 2822 HOUSTON, TX 77252-2822	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 #: 2193
Article #: 71106605959000125700
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3842

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

MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

Form 3800, August 2005 See Reverse for Instructions



7110 6605 9590 0013 3842

MARVIN LAYLAND
1336 E FARM RD 4

CLEBURNE, TX 76031

Batch #: 2273
Article #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3842

1. Article Addressed to:

MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. 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 3842

1. Article Addressed to:

MARVIN LAYLAND
1336 E FARM RD 4
CLEBURNE, TX 76031

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

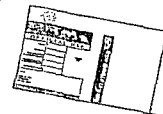
3. Service Type

☒ Certified

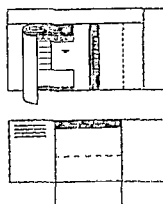
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



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



3

Batch #: 2273
Article #: 71106605959000133842
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5717

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	

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

MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5717

MARY ANN ISERN DEEN
C/O JANET CRANE CPA
4615 CAMELOT
GREAT BEND, KS 67530

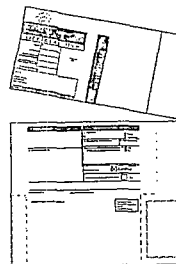
Batch #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

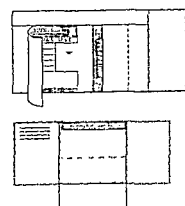
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5717	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY ANN ISERN DEEN C/O JANET CRANE CPA 4615 CAMELOT GREAT BEND, KS 67530	D. Is delivery address different from 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 5717	A. Signature X <i>Janet Crane</i> ☐ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY ANN ISERN DEEN C/O JANET CRANE CPA 4615 CAMELOT GREAT BEND, KS 67530	JANET CRANE	9-11-10
	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 #: 2193
Article #: 71106605959000125717
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5724

Postage	\$		
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	

ent To

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

MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5724

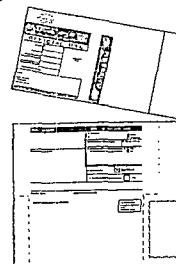
MARY ANNE HOWARD
438 FOX BRIAR
SUGARLAND, TX 77478-3717

Batch #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

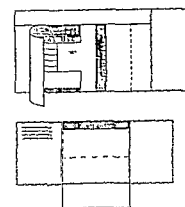
Reorder Form LCD B rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5724	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY ANNE HOWARD 438 FOX BRIAR SUGARLAND, TX 77478-3717	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 5724	A. Signature X <i>M.A. Howard</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery 9-10-10
MARY ANNE HOWARD 438 FOX BRIAR SUGARLAND, TX 77478-3717	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 #: 2193
Article #: 71106605959000125724
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5731

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	

sent To

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

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5731

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

Batch #: 2193
Article #: 71106605959000125731
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 5731

1. Article Addressed to:

MARY CAROLYN CUTLER CLIFFORD
1115 THISTLEMEADE DR
HOUSTON, TX 77094

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Code: Allocation Project - D.Howell

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

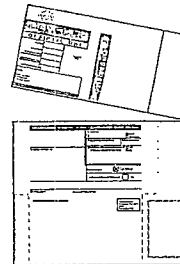
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2193
Article #: 71106605959000125731
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

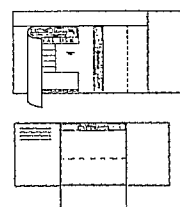
3

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





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7110 6605 9590 0012 5748

Postage	\$	
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	

Postmark Here

Mail To
MAY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5748

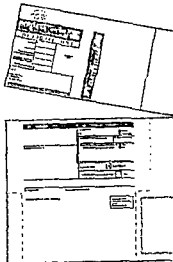
MARY DOLL INGRAM MANAGEMENT TRUST
C/O MEREDITH I GARTNER TRTEE
483 NORTH POST OAK LANE
HOUSTON, TX 77024

Batch #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

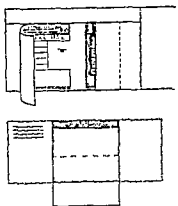
Reorder Form LCD-3 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5748	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY DOLL INGRAM MANAGEMENT TRUST C/O MEREDITH I GARTNER TRTEE 483 NORTH POST OAK LANE HOUSTON, TX 77024	D. Is 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 5748	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY DOLL INGRAM MANAGEMENT TRUST C/O MEREDITH I GARTNER TRTEE 483 NORTH POST OAK LANE HOUSTON, TX 77024	D. Is 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 #: 2193
Article #: 71106605959000125748
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5755

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	

ent To

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

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5755

MARY E CAUBLE WALKER
214 BAYVIEW
CITY BY THE SEA, TX 78336-6701

Batch #: 2193
Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3811R rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5755	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY E CAUBLE WALKER 214 BAYVIEW CITY BY THE SEA, TX 78336-6701	D. Is 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



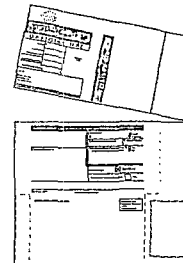
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

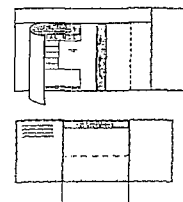
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Article #: 71106605959000125755
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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





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7110 6605 9590 0012 5762

Postage	\$		Postmark Here
Certified Fee		\$1.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery 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

MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5762

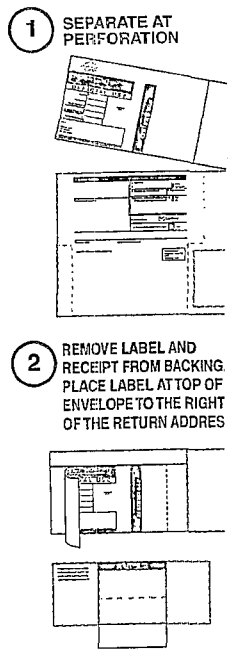
MARY E NEVITT
3412 RIVERBEND RD
MUSKOGEE, OK 74403-2337

Batch #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 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 5762	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY E NEVITT 3412 RIVERBEND RD MUSKOGEE, OK 74403-2337	D. Is 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 5762	A. Signature X Mary E Nevitt ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MARY E NEVITT 3412 RIVERBEND RD MUSKOGEE, OK 74403-2337	D. Is 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 #: 2193
Article #: 71106605959000125762
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5779

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

ent To **MARY ELIZABETH HARDIE ROYALTY TRUST**
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



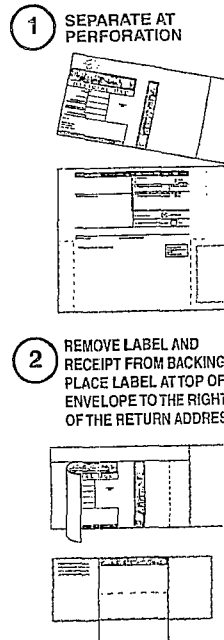
7110 6605 9590 0012 5779

MARY ELIZABETH HARDIE ROYALTY TRUST
THORNTON HARDIE III TRUSTEE
3904 MARQUETTE ST
DALLAS, TX 75225

Batch #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 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 5779	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY ELIZABETH HARDIE ROYALTY TRUST THORNTON HARDIE III TRUSTEE 3904 MARQUETTE ST DALLAS, TX 75225	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 5779	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY ELIZABETH HARDIE ROYALTY TRUST THORNTON HARDIE III TRUSTEE 3904 MARQUETTE ST DALLAS, TX 75225	Thornton Hardie 9-3-10
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 #: 2193
Article #: 71106605959000125779
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Domestic Return Receipt





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7110 6605 9590 0012 5786

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	

ent To

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

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5786

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 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 5786

1. Article Addressed to:

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

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

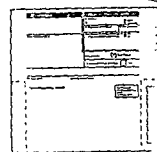
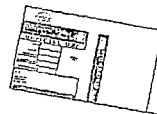
3. Service Type

☒ Certified

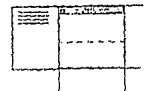
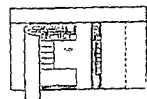
4. Restricted Delivery? (Extra Fee)

☐ Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL AND RECEIPT FROM BACK PLACE LABEL AT TOP OF THE RETURN ADDRESS



2. Article Number

7110 6605 9590 0012 5786

1. Article Addressed to:

MARY F LOVE
757 ASHLEY RD
MONTICITO, CA 93108

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mary Love

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/4/10

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

Batch #: 2193
Article #: 71106605959000125786
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:

PS

3

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7110 6605 9590 0012 5793

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

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

MARY FRANCES TURNER JR TR 6743
 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 5793

MARY FRANCES TURNER JR TR 6743
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Batch #: 2193
 Article #: 71106605959000125793
 Date/Time: 8/31/2010 12:27:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

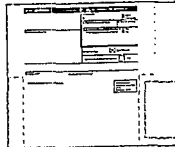
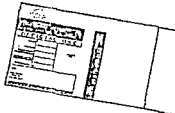
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5793		A. Signature X	
1. Article Addressed to:		☐ Agent ☐ Addressee	
MARY FRANCES TURNER JR TR 6743 PO BOX 99084 FORT WORTH, TX 76199-0084		B. Received by (Printed Name)	
		C. Date of Delivery	
		D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
		3. Service Type ☒ Certified	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	

Code: Allocation Project - D.Howell

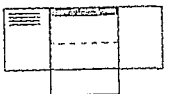
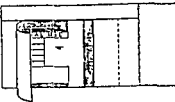
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5793		A. Signature X <i>[Signature]</i>	
1. Article Addressed to:		☒ Agent ☐ Addressee	
MARY FRANCES TURNER JR TR 6743 PO BOX 99084 FORT WORTH, TX 76199-0084		B. Received by (Printed Name)	
		C. Date of Delivery	
		D. Is delivery 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



Batch #: 2193
 Article #: 71106605959000125793
 Date/Time: 8/31/2010 12:27:45 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

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7110 6605 9590 0012 5809

Postage	\$	
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

sent To

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

MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5809

MARY G TEESDALE TRUSTEE
1600 TEXAS ST #913
FORT WORTH, TX 76102

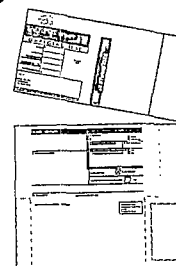
Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD 3800 rev. 01/07

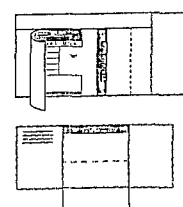
2. Article Number 7110 6605 9590 0012 5809	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (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 5809	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Denise Mable</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9-3-10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
--	---

Code: Allocation Project - D.Howell

Batch #: 2193
Article #: 71106605959000125809
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5816

Postage	\$	\$1.05	Postmark 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
MAY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5816

MARY GENE BLOOMQUIST
14050 E LINVALE PL #202
AURORA, CO 80014-5533

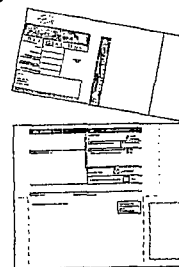
Batch #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD R rev. 01/07

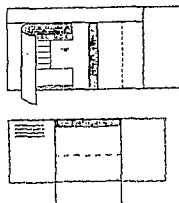
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5816	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY GENE BLOOMQUIST 14050 E LINVALE PL #202 AURORA, CO 80014-5533	D. Is delivery address different from item 1? ☐ 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 5816	A. Signature X <i>M. Bloomquist</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. Bloomquist</i> <i>9/3/10</i>
MARY GENE BLOOMQUIST 14050 E LINVALE PL #202 AURORA, CO 80014-5533	D. Is 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 #: 2193
Article #: 71106605959000125816
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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7110 6605 9590 0012 5823

Postage	\$	
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

Postmark Here

1. Article Addressed to:

MARY ISABEL HOFFMANN
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 5823

MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Batch #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LO... R rev. 01/07

2. Article Number

7110 6605 9590 0012 5823

1. Article Addressed to:

MARY ISABEL HOFFMANN
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

Article Number

7110 6605 9590 0012 5823

1. Article Addressed to:

MARY ISABEL HOFFMANN
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X

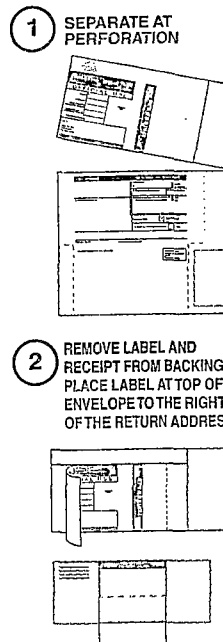
B. Received by (Printed Name) C. Date of Delivery

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



Batch #: 2193
Article #: 71106605959000125823
Date/Time: 8/31/2010 12:27:45 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



Postage	\$ 1.05	Postmark 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
 MARY J BANKS
 2104 WINTER SUNDAY WAY
 ARLINGTON, TX 76012

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

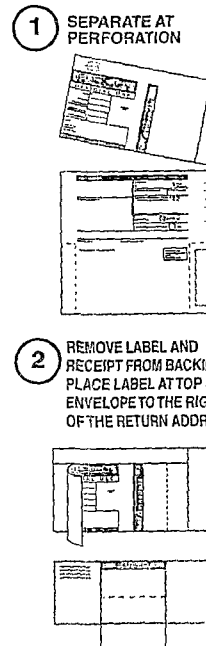


7110 6605 9590 0012 5830

MARY J BANKS
 2104 WINTER SUNDAY WAY
 ARLINGTON, TX 76012

Batch #: 2194.
 Article #: 71106605959000125830
 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5830		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
MARY J BANKS 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012		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 5830		A. Signature ☐ Agent ☒ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
MARY J BANKS 2104 WINTER SUNDAY WAY ARLINGTON, TX 76012		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 #: 2194
 Article #: 71106605959000125830
 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



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7110 6605 9590 0012 5847

Postage	\$ 1.05	Postmark 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
street, Apt. No.;
or PO Box No.
City, State, Zip+4

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

PS Form 3811, August 2009 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



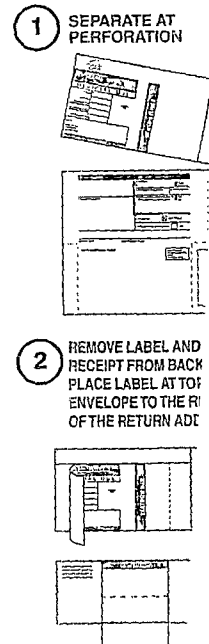
7110 6605 9590 0012 5847

MARY J CHAPPELL TRUST B
1422 E SANDRA TERR
PHOENIX, AZ 85022

Batch #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 5847	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARY J CHAPPELL TRUST B 1422 E SANDRA TERR PHOENIX, AZ 85022	



2. Article Number 7110 6605 9590 0012 5847	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARY J CHAPPELL TRUST B 1422 E SANDRA TERR PHOENIX, AZ 85022	

Batch #: 2194
Article #: 71106605959000125847
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:



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7110 6605 9590 0012 5861

Postage	\$ 1.05	Postmark 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
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PO Box No.
city, State, Zip+4

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



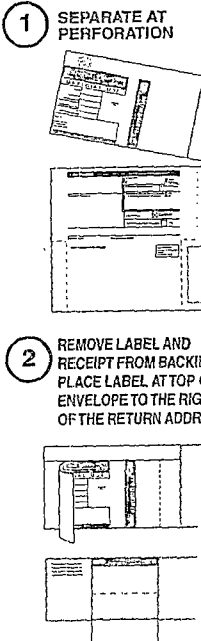
7110 6605 9590 0012 5861

MARY JO WELLS
5250 WOODLAWN AVENUE
CHEVY CHASE, MD 20815

Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 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 5861	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARY JO WELLS 5250 WOODLAWN AVENUE CHEVY CHASE, MD 20815	



2. Article Number 7110 6605 9590 0012 5861	COMPLETE THIS SECTION ON DELIVERY A. Signature X Mary Jo Wells ☐ Agent ☐ Addressee B. 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: MARY JO WELLS 5250 WOODLAWN AVENUE CHEVY CHASE, MD 20815	

Batch #: 2194
Article #: 71106605959000125861
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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

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PO Box No.
City, State, Zip+4

MARY KATHRYN DUNNAM LADEWIG
1373 WOODBROOK LANE
SOUTHLAKE, TX 76092

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5885

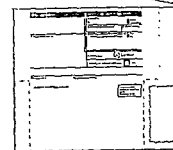
MARY KATHRYN DUNNAM LADEWIG
1373 WOODBROOK LANE
SOUTHLAKE, TX 76092

Batch #: 2194
Article #: 71106605959000125885
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

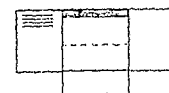
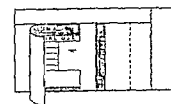
Reorder Form LCD-81 01/07

2. Article Number 7110 6605 9590 0012 5885	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: MARY KATHRYN DUNNAM LADEWIG 1373 WOODBROOK LANE SOUTHLAKE, TX 76092	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 5885	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>K. Ladewig</i> B. Received by (Printed Name) <i>K. LADEWIG</i> C. Date of Delivery <i>9/1/10</i> D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
1. Article Addressed to: MARY KATHRYN DUNNAM LADEWIG 1373 WOODBROOK LANE SOUTHLAKE, TX 76092	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000125885
Date/Time: 8/31/2010 12:34:11 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5892

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

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

MARY L ADKISSON
 104 E DOUGLAS ST
 ONEILL, NE 68763

Code: Allocation Project - D.Howell



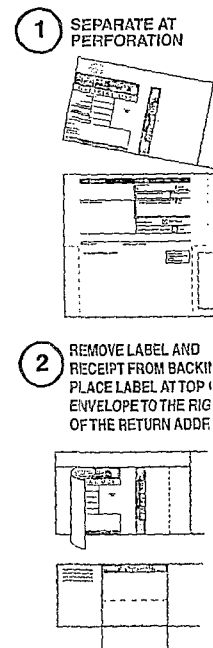
7110 6605 9590 0012 5892

MARY L ADKISSON
 104 E DOUGLAS ST
 ONEILL, NE 68763

Batch #: 2194
 Article #: 71106605959000125892
 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-810-01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5892	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to: MARY L ADKISSON 104 E DOUGLAS ST ONEILL, NE 68763	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5892	A. Signature X Mary L Adkisson	☐ Agent ☐ Addressee
1. Article Addressed to: MARY L ADKISSON 104 E DOUGLAS ST ONEILL, NE 68763	B. Received by (Printed Name) Mary L Adkisson	C. Date of Delivery 9/4/10
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2194
 Article #: 71106605959000125892
 Date/Time: 8/31/2010 12:34:11 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



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7110 6605 9590 0012 5908

Postage	\$ 1.05	Postmark 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

MARY L HERROLD REVOC TR
8677 E 104TH PL S
TULSA, OK 74133

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5908

MARY L HERROLD REVOC TR
8677 E 104TH PL S
TULSA, OK 74133

Batch #: 2194
Article #: 71106605959000125908
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

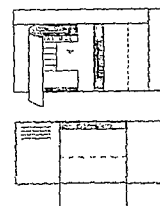
Reorder Form LCD-811 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5908	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY L HERROLD REVOC TR 8677 E 104TH PL S TULSA, OK 74133	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 TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5908	A. Signature <i>[Signature]</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY L HERROLD REVOC TR 8677 E 104TH PL S TULSA, OK 74133	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No SEP 0 : 2010
Code: Allocation Project - D.Howell	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000125908
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 5915

Postage	\$ 1.05	Postmark 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
street, Apt. No.,
r PO Box No.
ity, State, Zip+4

MARY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



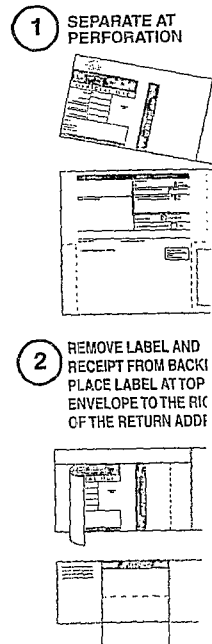
7110 6605 9590 0012 5915

MARY LINDA LEY AMENT
1310 CARAVELLE CT
KATY, TX 77494-1820

Batch #: 2194
Article #: 71106605959000125915
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-81 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5915	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY AMENT 1310 CARAVELLE CT KATY, TX 77494-1820	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 5915	A. Signature X Linda Ament ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY AMENT 1310 CARAVELLE CT KATY, TX 77494-1820	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 #: 2194
Article #: 71106605959000125915
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 5922

Postage	\$ 1.05	Postmark 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

MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5922

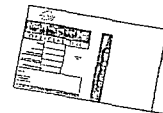
MARY LINDA LEY CUTLER CHILDRES TRST
1310 CARAVELLE CT
KATY, TX 77494

Batch #: 2194
Article #: 71106605959000125922
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

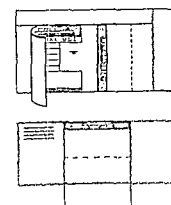
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5922	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY CUTLER CHILDRES TRST 1310 CARAVELLE CT KATY, TX 77494	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 5922	A. Signature X Linda Arment ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY LINDA LEY CUTLER CHILDRES TRST 1310 CARAVELLE CT KATY, TX 77494	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 #: 2194
Article #: 71106605959000125922
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5939

Postage	\$ 1.05	Postmark 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
MAY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

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 5939

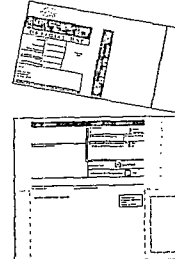
MARY LYNNE BRUNNER REV TR UA JULY 7
2171 E CYPRESS CANYON DR
GREEN VALLEY, AZ 85614

Batch #: 2194
Article #: 71106605959000125939
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

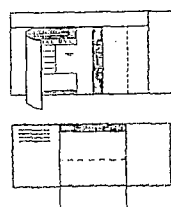
Reorder Form LCD-8 Rev. 01/07

2. Article Number 7110 6605 9590 0012 5939	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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 5939	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mary Brunner</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 #: 2194
Article #: 71106605959000125939
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5946

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	

ent To

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

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

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5946

MARY MAUDE STEPHENSON TRUST
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

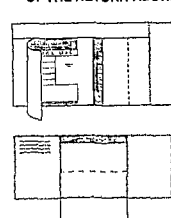
Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5946	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY MAUDE STEPHENSON TRUST PO BOX 840738 DALLAS, TX 75284-0738	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 5946	A. Signature ☒ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY MAUDE STEPHENSON TRUST PO BOX 840738 DALLAS, TX 75284-0738	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 #: 2194
Article #: 71106605959000125946
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 5953

Postage	\$ 1.05	Postmark 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

MARY MENGEL TALSMA
420 BARCUS RD
RUIDOSO, NM 88345

PS Form 3800, August 2006-1-1 See Reverse for Instructions

Code: Allocation Project - D.Howell



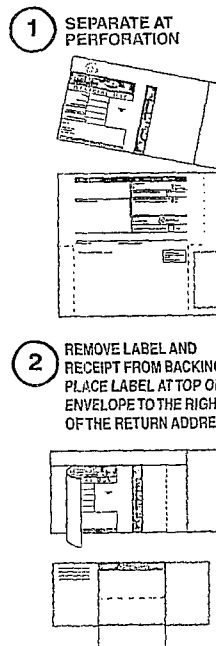
7110 6605 9590 0012 5953

MARY MENGEL TALSMA
420 BARCUS RD
RUIDOSO, NM 88345

Batch #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 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 5953	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY MENGEL TALSMA 420 BARCUS RD RUIDOSO, NM 88345	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 5953	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY MENGEL TALSMA 420 BARCUS RD RUIDOSO, NM 88345	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 #: 2194
Article #: 71106605959000125953
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3859

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

MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST
TUCSON, AZ 85741

Form 3800, August 2006 See Reverse for Instructions



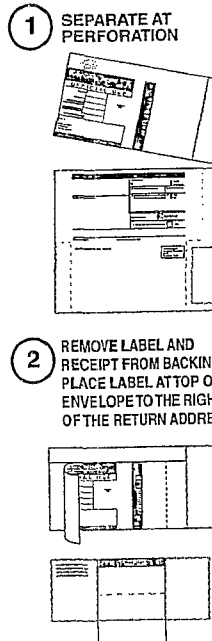
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MARY PATRICIA O'HORNETT PETERSDORF
5148 W AQUAMARINE ST
TUCSON, AZ 85741

Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

2 Article Number 7110 6605 9590 0013 3859	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MARY PATRICIA O'HORNETT PETERSDORF 5148 W AQUAMARINE ST TUCSON, AZ 85741	



2 Article Number 7110 6605 9590 0013 3859	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mary Patricia O'Hornett Petersdorf</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>MARY PETERSDORF</i> <i>SEP 14 2010 3:35 PM</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: MARY PATRICIA O'HORNETT PETERSDORF 5148 W AQUAMARINE ST TUCSON, AZ 85741	

Batch #: 2273
Article #: 71106605959000133859
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5960

Postage	\$	\$1.05	Postmark 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

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

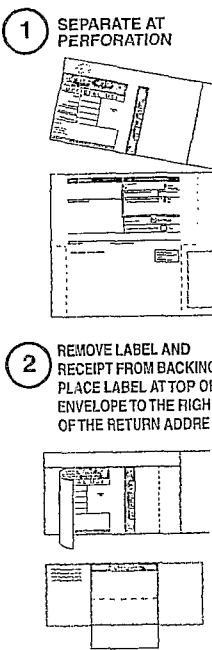


7110 6605 9590 0012 5960

MARY S ZICK
9 HARBOR LN
KEY LARGO, FL 33037

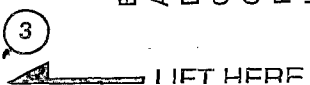
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Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 5960	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY S ZICK 9 HARBOR LN KEY LARGO, FL 33037	D. Is 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 5960	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MARY S ZICK 9 HARBOR LN KEY LARGO, FL 33037	D. Is 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 #: 2194
Article #: 71106605959000125960
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 5984

Postage	\$	\$1.05	Postmark 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

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

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

Code: Allocation Project - D.Howell



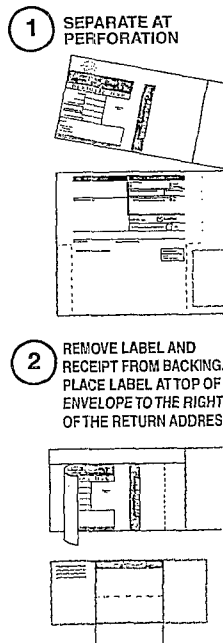
7110 6605 9590 0012 5984

MATIAS A ZAMORA
PO BOX 28667
SANTA FE, NM 87592-8667

Batch #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 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 5984	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MATIAS A ZAMORA PO BOX 28667 SANTA FE, NM 87592-8667	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 5984	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MATIAS A ZAMORA PO BOX 28667 SANTA FE, NM 87592-8667	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 #: 2194
Article #: 71106605959000125984
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 5991

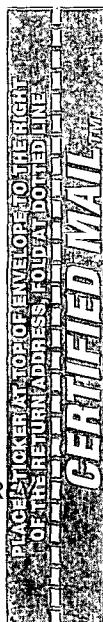
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 5991

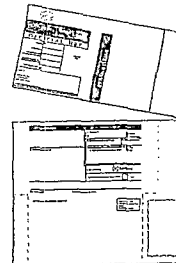
MAURICIO E GOMEZ & MARY M GOMEZ REV
14773 STAND LN
DELRAY BEACH, FL 33446

Batch #: 2194
Article #: 71106605959000125991
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Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

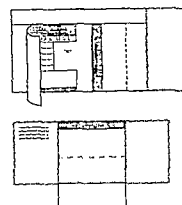
Reorder Form LCD-3 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 5991	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MAURICIO E GOMEZ & MARY M GOMEZ REV 14773 STAND LN DELRAY BEACH, FL 33446	D. Is 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 5991	A. Signature X <i>Mauricio Gomez</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MAURICIO E GOMEZ & MARY M GOMEZ REV 14773 STAND LN DELRAY BEACH, FL 33446	<i>M. Gomez</i>	<i>8-3-10</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
Code: Allocation Project - D.Howell		

Batch #: 2194
Article #: 71106605959000125991
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3866

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 MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335
WICHITA, KS 67220-3954

Form 3800, August 2006 See Reverse for Instructions

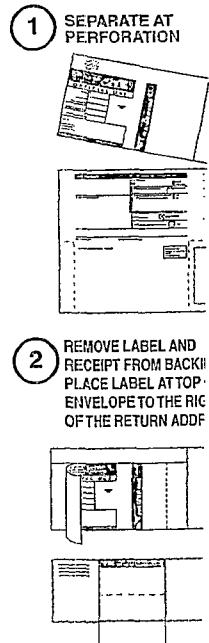


7110 6605 9590 0013 3866

MB ARMER TEST TR
2455 N WOODLAWN BLVD APT 335
WICHITA, KS 67220-3954

Batch #: 2273
Article #: 71106605959000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number 7110 6605 9590 0013 3866	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: MB ARMER TEST TR 2455 N WOODLAWN BLVD APT 335 WICHITA, KS 67220-3954	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number 7110 6605 9590 0013 3866	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Tiffany Green</i> B. 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: MB ARMER TEST TR 2455 N WOODLAWN BLVD APT 335 WICHITA, KS 67220-3954	3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133866
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 6011

Postage	\$ 1.05	Postmark 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: MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



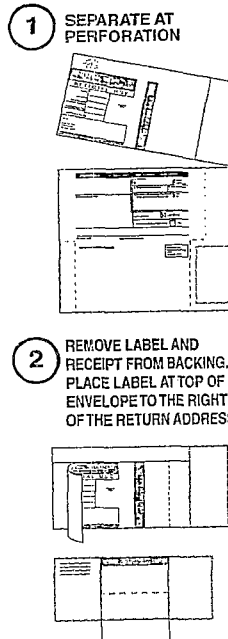
7110 6605 9590 0012 6011

MCELVAIN OIL COMPANY
C/O DAVID P MCELVAIN
PO BOX 801888
DALLAS, TX 75380-1888

Batch #: 2194
Article #: 71106605959000126011
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

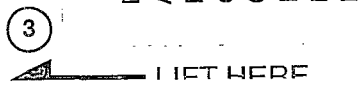
Reorder Form LCD-8 rev. 01/07

2. Article Number 7110 6605 9590 0012 6011	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 1. Article Addressed to: MCELVAIN OIL COMPANY C/O DAVID P MCELVAIN PO BOX 801888 DALLAS, TX 75380-1888 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--



2. Article Number 7110 6605 9590 0012 6011	COMPLETE THIS SECTION ON DELIVERY A. Signature ☒ Agent X Jane M Wood ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Jane M Wood 9/8/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 1. Article Addressed to: MCELVAIN OIL COMPANY C/O DAVID P MCELVAIN PO BOX 801888 DALLAS, TX 75380-1888 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes Code: Allocation Project - D.Howell
--	--

Batch #: 2194
Article #: 71106605959000126011
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 6028

Postage	\$	\$1.05	Postmark 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.
ity, State, Zip+4

MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6028

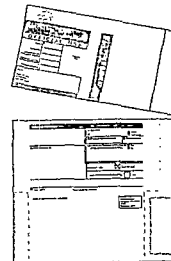
MCKAY OIL & GAS LLC
P O BOX 14738
ALBUQUERQUE, NM 87191-0738

Batch #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

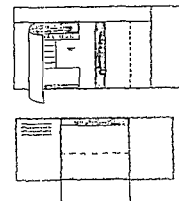
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6028	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MCKAY OIL & GAS LLC P O BOX 14738 ALBUQUERQUE, NM 87191-0738	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 6028	A. Signature X <i>W J Mayhew</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>W J Mayhew</i> 9/2/10
MCKAY OIL & GAS LLC P O BOX 14738 ALBUQUERQUE, NM 87191-0738	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 #: 2194
Article #: 71106605959000126028
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3873

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

MCLISH RESOURCES LLP
633 17TH ST #1650
DENVER, CO 80202

PS Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3873

MCLISH RESOURCES LLP
633 17TH ST #1650
DENVER, CO 80202

Batch #: 2273
Article #: 71106605959000133873
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3873

1. Article Addressed to:

MCLISH RESOURCES LLP
633 17TH ST #1650
DENVER, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

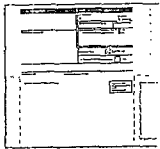
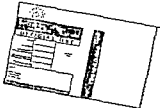
B. Received by (Printed Name) C. Date of Delivery

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

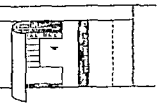
3. Service Type ☒ Certified

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 3873

1. Article Addressed to:

MCLISH RESOURCES LLP
633 17TH ST #1650
DENVER, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
CJ WATSON **9-17-10**

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2273
Article #: 71106605959000133873
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6035

Postage	\$	\$1.05	Postmark 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

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

MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6035

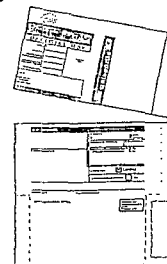
MEADOWS FAMILY PARTNERSHIP
6053 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Batch #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

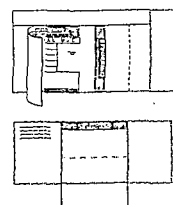
Reorder Form LCD 3800 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6035	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MEADOWS FAMILY PARTNERSHIP 6053 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211	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 6035	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MEADOWS FAMILY PARTNERSHIP 6053 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211	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 #: 2194
Article #: 71106605959000126035
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Property Information Form

☒ Initiate
☐ Modify
☐ Inactivate



PIF Comments / Instructions (Not Entered in System)

This PIF serves to create a new property code for the Dakota completion of the Atlantic B Com 9B.

Date: 09/24/2010

Requestor: Thompson, Vanessa M

AFE#: WAN.CDR.9314

Yes, assign new property code ----->

Property
CodeProduction
A716025

Exploration

Property
Name ATLANTIC B COMWell
Id 9BProperty
Type COP - Company CCarried
Interest No

County / Parish SAN JUAN

State NM

TOBIN PROPERTY

COP
Operated?: Yes

COP Oper. Code: 0216600001 BR

Outside
Operator
Code:

DOE Field Code F042233

DOE Field Name BASIN

Operator
Name: BURLINGTON RESOURCES OIL & GAS COMPANY LP

DSM Completion Id: 1090130367

Operator
Address:

DSM Field: SAN JUAN

Affiliate Name: ConocoPhillips

Unit: Yes

Effective Date for Property Set-Up: 9/1/2010

DOI by Tract: Yes

Organization: AA54637

Maintain Unit/Property
Volume:

Division Order Region: San Juan / Rockies / Alaska

Onshore / Offshore: Onshore

Acres: 1

Tobin Property Remarks

S/2 Sec. 34, T31N R10W - Dakota Formation

NOVISTAR WELL INFORMATION

Well Name: ATLANTIC B COM

Well Type: Gas

Well Class: Development (2B)

API#: 3004535158

Interest Type: WI - Working

Well #: 9B

DRILLING INFORMATION

Hole Direction: Horizontal

Projected Total Depth: 7551

Reservoir Code & Name: FRR BASIN DAKOTA (PRORATED GAS)

Measured Depth:

Projected Formation: FRR

True Vertical Depth:

Surface Location: Sec 34, T031N, R010W, Unit Ltr:P

Include Line Measurement, Section, Township, Range



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7110 6605 9590 0012 6042

Postage	\$	\$1.05	Postmark 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

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

Code: Allocation Project - D.Howell



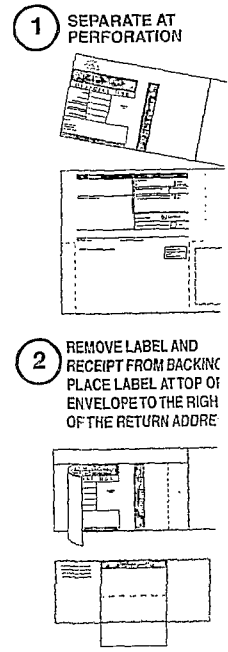
7110 6605 9590 0012 6042

MEDICINE BOW LAND COMPANY LLC
P O BOX 888
LITTLETON, CO 80160-0888

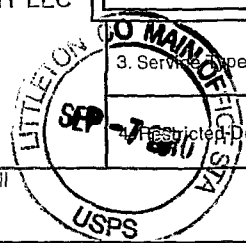
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Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6042	A. Signature X ☐ Agent ☐ Addressee	
	B. 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: MEDICINE BOW LAND COMPANY LLC P O BOX 888 LITTLETON, CO 80160-0888		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6042	A. Signature X ☐ Agent ☐ Addressee	
	B. Received by (Printed Name) NANCY LYNN	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: MEDICINE BOW LAND COMPANY LLC P O BOX 888 LITTLETON, CO 80160-0888		
Code: Allocation Project - D.Howell		



Batch #: 2194
Article #: 71106605959000126042
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6059

Postage	\$	\$1.05	Postmark 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

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6059

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Batch #: 2194
Article #: 71106605959000126059
Date/Time: 8/31/2010 12:34:12 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 6059

1. Article Addressed to:

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

7110 6605 9590 0012 6059

1. Article Addressed to:

MEGAN ELIZABETH CALLAN
3578 SEAHORN CIR
SAN DIEGO, CA 92130

Code: Allocation Project - D.Howell

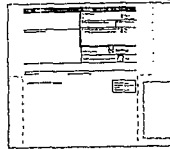
COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES enter delivery address below: ☐ No

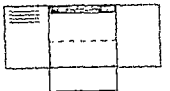
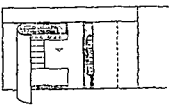
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 #: 2194
Article #: 71106605959000126059
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6066

Postage	\$	\$1.05	Postmark 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

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

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6066

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

Batch #: 2194
Article #: 71106605959000126066
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-87 (Rev. 01/07)

2. Article Number

7110 6605 9590 0012 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

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

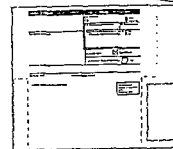
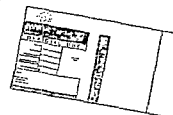
3. Service Type

☒ Certified

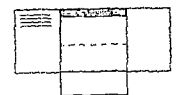
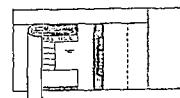
4. Restricted Delivery? (Extra Fee)

☐ 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 6066

1. Article Addressed to:

MELINDA MONTOYA
PO BOX 992
DULCE, NM 87528

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 #: 2194
Article #: 71106605959000126066
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6073

Postage	\$	\$1.05	Postmark 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

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



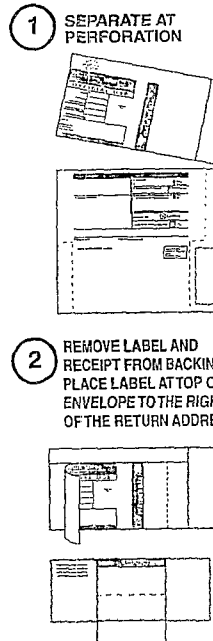
7110 6605 9590 0012 6073

MELODY GIGER TOOHEY
3800 FLORA PLACE
ST LOUIS, MO 63110-3731

Batch #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 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 6073	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MELODY GIGER TOOHEY 3800 FLORA PLACE ST LOUIS, MO 63110-3731	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 6073	A. Signature X ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MELODY GIGER TOOHEY 3800 FLORA PLACE ST LOUIS, MO 63110-3731	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 #: 2194
Article #: 71106605959000126073
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6080

Postage	\$	\$1.05	Postmark 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

MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6080

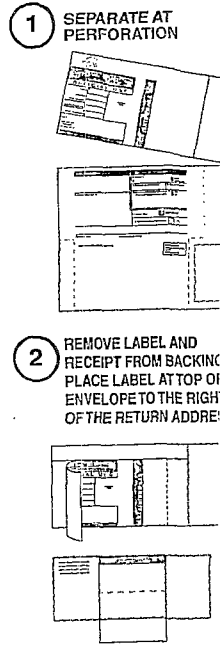
MERCEDES M SKIDMORE
210 E BAY BLVD
PORT HUENEME, CA 93041

Batch #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 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 6080	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MERCEDES M SKIDMORE 210 E BAY BLVD PORT HUENEME, CA 93041	D. Is 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 6080	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MERCEDES M SKIDMORE 210 E BAY BLVD PORT HUENEME, CA 93041	D. Is 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 #: 2194
Article #: 71106605959000126080
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6097

Postage	\$		Postmark Here
	\$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	

ent To

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

MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6097

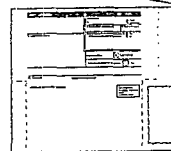
MERLAND EUGENE BUTTOLPH
101 AUGUSTA DR APT # 1
LOWDEN, IA 52255-9597

Batch #: 2194
Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

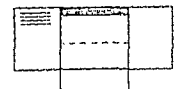
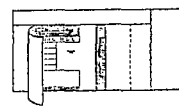
Reorder Form LCD-Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6097	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 LOWDEN, IA 52255-9597	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 6097	A. Signature X <i>Darlene Buttolph</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>DARLENE BUTTOLPH</i> <i>9-3-10</i>
MERLAND EUGENE BUTTOLPH 101 AUGUSTA DR APT # 1 LOWDEN, IA 52255-9597	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 #: 2194
Article #: 71106605959000126097
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6103

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	

ent To

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

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6103

MERLENE LAW MALONE FMLY TR DTD JAN
922 MONTEREY ST
REDLANDS, CA 92373

Batch #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 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 6103		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MERLENE LAW MALONE FMLY TR DTD JAN 922 MONTEREY ST REDLANDS, CA 92373		D. Is 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			

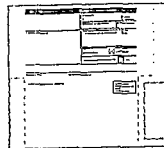
2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6103		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MERLENE LAW MALONE FMLY TR DTD JAN 922 MONTEREY ST REDLANDS, CA 92373		D. Is delivery address different from 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

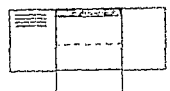
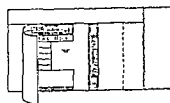
Domestic Return Receipt

3

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 #: 2194
Article #: 71106605959000126103
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

11 ET HERE



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7110 6605 9590 0012 6110

Postage	\$	\$1.05	Postmark 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

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City, State, Zip+4

MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6110

MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

Batch #: 2194
Article #: 71106605959000126110
Date/Time: 8/31/2010 12:34:12 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 6110

1. Article Addressed to:

MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

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 6110

1. Article Addressed to:

MERRION INVESTMENT COMPANY
5 CHASE LN
COLORADO SPRINGS, CO 80906

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *[Signature]*

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

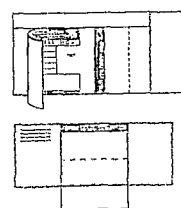
4. Restricted Delivery? (Extra Fee) ☐ Yes

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



Batch #: 2194
Article #: 71106605959000126110
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6127

Postage	\$
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

Postmark
Here

Delivered To
MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6127

MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

Batch #: 2194
Article #: 71106605959000126127
Date/Time: 8/31/2010 12:34:12 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 6127

1. Article Addressed to:

MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X

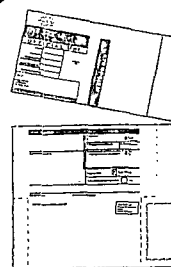
B. Received by (Printed Name) C. Date of Delivery

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

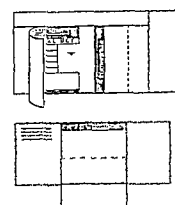
3. Service Type ☒ Certified

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 6127

1. Article Addressed to:

MERRION OIL & GAS CORP
ATTN: HEIDI HILL
610 REILLY AVE
FARMINGTON, NM 87401-2634

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X P. Garcia

B. Received by (Printed Name) C. Date of Delivery
P. Garcia 8/2

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126127
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6134

Postage	\$	\$1.05	Postmark 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
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PO Box No.
City, State, Zip+4

MERRION TRUST PARTNERS LP
PO BOX 7871
SHAWNEE MISSION, KS 66207

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6134

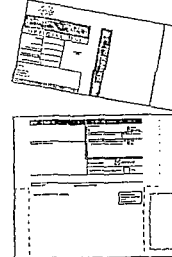
MERRION TRUST PARTNERS LP
PO BOX 7871
SHAWNEE MISSION, KS 66207

Batch #: 2194
Article #: 71106605959000126134
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

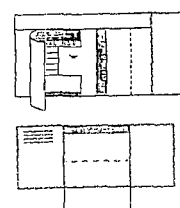
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6134	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MERRION TRUST PARTNERS LP PO BOX 7871 SHAWNEE MISSION, KS 66207	D. Is delivery address different from item 1? ☐ Yes 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

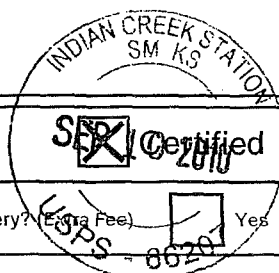


2 REMOVE LABEL AND RECEIPT FROM BACKING PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6134	A. Signature X <i>Diana Merrion</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>DIANA MERRION</i> <i>9-10-10</i>
MERRION TRUST PARTNERS LP PO BOX 7871 SHAWNEE MISSION, KS 66207	D. Is 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 #: 2194
Article #: 71106605959000126134
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6141

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	

int To

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

MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Form 3800, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



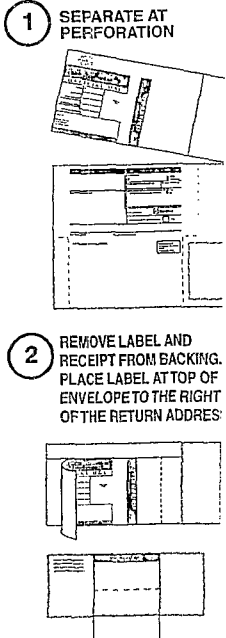
7110 6605 9590 0012 6141

MESA ROYALTY TR
315 JOHNSTONE 1060 POB
BARTLESVILLE, OK 74004

Batch #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-9 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6141	A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MESA ROYALTY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	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 6141	A. Signature ☒ Agent ☒ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MESA ROYALTY TR 315 JOHNSTONE 1060 POB BARTLESVILLE, OK 74004	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 #: 2194
Article #: 71106605959000126141
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6158

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	

sent To

MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



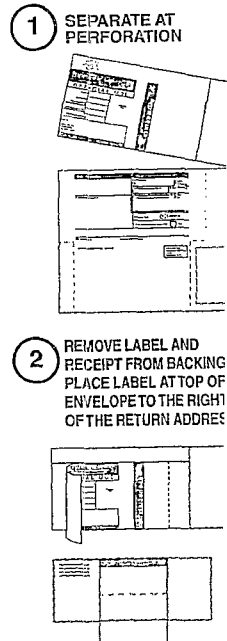
7110 6605 9590 0012 6158

MHT PROPERTIES LTD
3840 WINDSOR LN
DALLAS, TX 75205

Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 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 6158	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	
MHT PROPERTIES LTD 3840 WINDSOR LN DALLAS, TX 75205	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 6158	A. Signature X <i>Macees Chaw</i>	☐ 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	
MHT PROPERTIES LTD 3840 WINDSOR LN DALLAS, TX 75205	3. Service Type ☒ Certified	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Code: Allocation Project - D.Howell		

Batch #: 2194
Article #: 71106605959000126158
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6165

Postage	\$		Postmark Here
Certified Fee		\$4.05	
Return Receipt Fee (endorsement Required)		\$2.80	
Restricted Delivery Fee (endorsement Required)		\$2.30	
		\$0.00	
Total Postage & Fees	\$	\$6.15	

sent To

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

MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6165

MICHAEL A & GLORIA WILLIAMS LIV TR
114 NORTH 7TH STREET
BLOOMFIELD, NM 87413

Batch #: 2194
Article #: 71106605959000126165
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-9 rev. 01/07

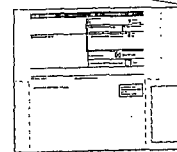
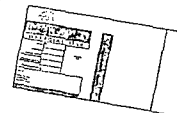
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6165	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MICHAEL A & GLORIA WILLIAMS LIV TR 114 NORTH 7TH STREET BLOOMFIELD, NM 87413	D. Is delivery address different from 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

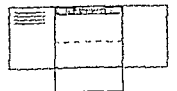
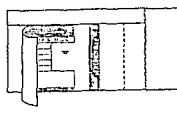
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6165	A. Signature X <i>Michael A. Williams</i> ☐ Agent ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Michael A. Williams</i>	C. Date of Delivery <i>9-3-10</i>
MICHAEL A & GLORIA WILLIAMS LIV TR 114 NORTH 7TH STREET BLOOMFIELD, NM 87413	D. Is 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



Batch #: 2194
Article #: 71106605959000126165
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6172

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	

sent To

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

MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

Form 3800, August 2006 Edition See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6172

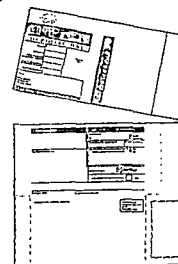
MICHAEL ALLEN SMITH
19240 CROSS RIDGE DR
GERMANTOWN, MD 20874

Batch #: 2194
Article #: 71106605959000126172
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

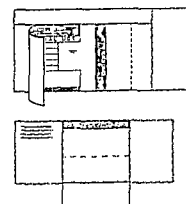
Reorder Form LCD-2 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6172	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MICHAEL ALLEN SMITH 19240 CROSS RIDGE DR GERMANTOWN, MD 20874 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 6172	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery 9/3/10 D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No 3. Service Type ☒ Certified 4. Restricted Delivery? (Extra Fee) ☐ Yes
1. Article Addressed to: MICHAEL ALLEN SMITH 19240 CROSS RIDGE DR GERMANTOWN, MD 20874 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126172
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6189

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	

sent To

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

MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6189

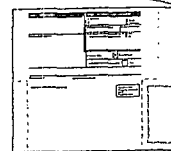
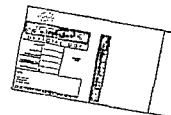
MICHAEL CHARLES MORGAN
1111 LAUREL GREEN
MISSOURI CITY, TX 77459

Batch #: 2194
Article #: 71106605959000126189
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

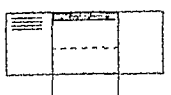
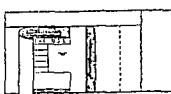
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6189	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL CHARLES MORGAN 1111 LAUREL GREEN MISSOURI CITY, TX 77459	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 6189	A. Signature X <i>Melanie Morgan</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL CHARLES MORGAN 1111 LAUREL GREEN MISSOURI CITY, TX 77459	<i>melanie morgan</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 #: 2194
Article #: 71106605959000126189
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6196

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	

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

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



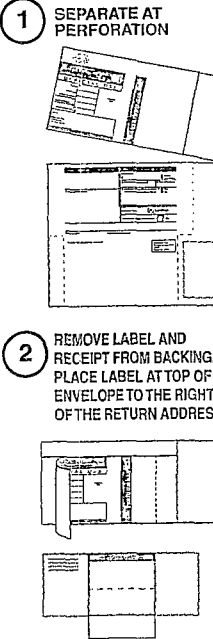
7110 6605 9590 0012 6196

MICHAEL D BROWN
8089 PIERSON COURT
ARVADA, CO 80005

Batch #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

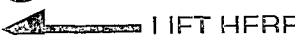
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6196	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL D BROWN 8089 PIERSON COURT ARVADA, CO 80005	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 6196	A. Signature X ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL D BROWN 8089 PIERSON COURT ARVADA, CO 80005	Michael D Brown 9/8/10
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 #: 2194
Article #: 71106605959000126196
Date/Time: 8/31/2010 12:34:12 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





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7110 6605 9590 0012 6202

Postage	\$		Postmark Here
	\$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	

sent To

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

MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6202

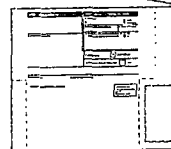
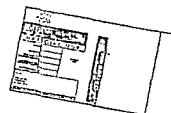
MICHAEL FITZ GERALD ESTATE
PO BOX 710
MIDLAND, TX 79702

Batch #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

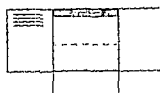
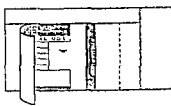
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6202	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL FITZ GERALD ESTATE PO BOX 710 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 6202	A. Signature X <i>Alice C. Williams</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Alice C. Williams</i> <i>SEP 8 2010</i>
MICHAEL FITZ GERALD ESTATE PO BOX 710 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

Batch #: 2194
Article #: 71106605959000126202
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6219

Postage	\$ 1.05	Postmark 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
street, Apt. No.;
PO Box No.
ity, State, Zip+4

MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



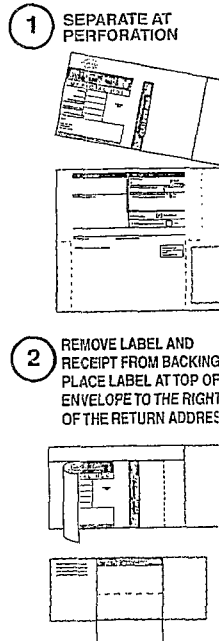
7110 6605 9590 0012 6219

MICHAEL J FINNEY
PO BOX 2471
DURANGO, CO 81302

Batch #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 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 6219	A. Signature ☒ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL J FINNEY PO BOX 2471 DURANGO, CO 81302	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 6219	A. Signature ☐ Agent X ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL J FINNEY PO BOX 2471 DURANGO, CO 81302	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 #: 2194
Article #: 71106605959000126219
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6226

Postage	\$ 1.05	Postmark 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

MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



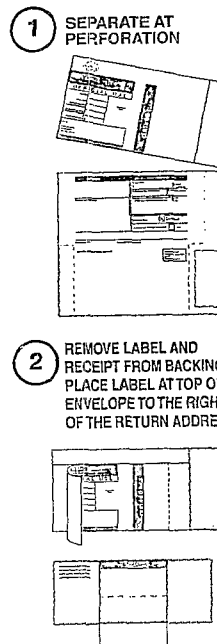
7110 6605 9590 0012 6226

MICHAEL O VANDEWART
20255 WILLOW GLADE CIR
PILOT POINT, TX 76258

Batch #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LOD-9 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6226	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL O VANDEWART 20255 WILLOW GLADE CIR PILOT POINT, TX 76258	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 6226	A. Signature X <i>Michael Vandewart</i> ☐ Agent ☒ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Michael Vandewart</i> <i>9/9/10</i>
MICHAEL O VANDEWART 20255 WILLOW GLADE CIR PILOT POINT, TX 76258	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 #: 2194
Article #: 71106605959000126226
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3101		
Certified Fee	\$0.44	Postmark Here
Return Receipt Fee (endorsement Required)	\$2.80	
Restricted Delivery Fee (endorsement Required)	\$2.30	
Total Postage & Fees	\$0.00	

ent To \$5.54
street, Apt. No.;
PO Box No.
ity, State, Zip+4
MICHAEL ROBERT AHO
653 EDENTREE PL
CHARLESTON, SC 29412-2756
PS Form 3800, August 2005 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 3101

MICHAEL ROBERT AHO
653 EDENTREE PL
CHARLESTON, SC 29412-2756

Batch #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: MICHAEL ROBERT AHO 653 EDENTREE PL CHARLESTON, SC 29412-2756	A. Signature X ☐ Agent ☐ Addressee
	B. 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 #: 2269
Article #: 71106605959000133101
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

Reorder Form LCD- rev. 01/07



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7110 6605 9590 0012 6233

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6233

MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

Batch #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

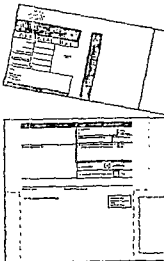
ent To
street, Apt. No.;
PO Box No.
ity, State, Zip+4

MICHAEL S MCLANE TRUST DEC 1 1976
P O BOX 214430
DALLAS, TX 75221-4430

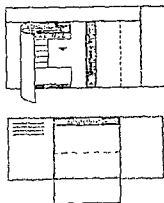
Form 3800, August 2006. See Reverse for Instructions

2. Article Number 7110 6605 9590 0012 6233	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. 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: MICHAEL S MCLANE TRUST DEC 1 1976 P O BOX 214430 DALLAS, TX 75221-4430 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 6233	COMPLETE THIS SECTION ON DELIVERY A. Signature X Robert Wilburn ☐ Agent ☐ Addressee B. Received by (Printed Name) Robert Wilburn C. Date of Delivery 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: MICHAEL S MCLANE TRUST DEC 1 1976 P O BOX 214430 DALLAS, TX 75221-4430 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126233
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6240

Postage	\$	\$1.05	Postmark 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

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

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY 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 6240

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Batch #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 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 6240

1. Article Addressed to:

MICHAEL SIMPSON TRUST
C/O U S TR CO OF NY PAT HUGHES
114 W 47TH ST 8TH FL
NEW YORK, NY 10036-1532

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature :

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

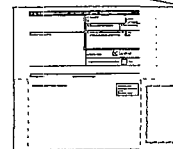
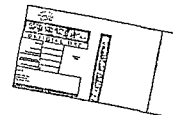


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Permit No. G-10

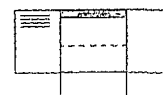
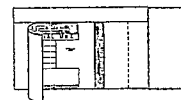
Lisa Hunter, Land Department
SJBUConocoPhillips
P.O. Box 4289
Farmington, NM 87499

Batch #: 2194
Article #: 71106605959000126240
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



3

LIST HERE



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7110 6605 9590 0012 6257

Postage	\$	\$1.05	Postmark 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

MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6257

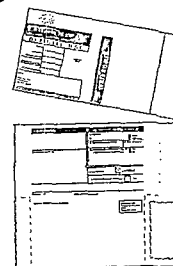
MICHAEL VERNE PERRYMAN
3113 LAGUNA APT 106
SOUTH PADRE ISLAND, TX 78597

Batch #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

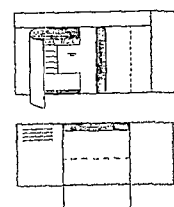
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6257	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL VERNE PERRYMAN 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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 6257	A. Signature X <i>Michael Perryman</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Michael Perryman</i> 9-8-10
MICHAEL VERNE PERRYMAN 3113 LAGUNA APT 106 SOUTH PADRE ISLAND, TX 78597	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 #: 2194
Article #: 71106605959000126257
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6264

Postage	\$	\$1.05	Postmark 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

MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6264

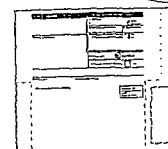
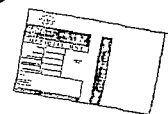
MICHAEL W HOUSTON
PO BOX 980
BUFFALO, MO 65622

Batch #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

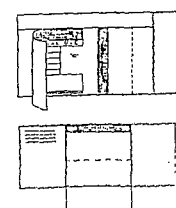
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6264	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MICHAEL W HOUSTON PO BOX 980 BUFFALO, MO 65622	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



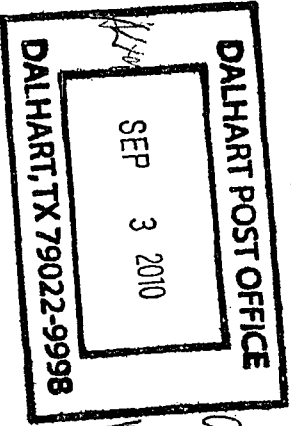
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6264	A. Signature X <i>Michael Houston</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M Houston</i> <i>9/12/10</i>
MICHAEL W HOUSTON PO BOX 980 BUFFALO, MO 65622	D. Is delivery 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 #: 2194
Article #: 71106605959000126264
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:

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

ConocoPhillips

7110 6605 9590 0012 6271



MICHELLE D ALEXANDER
714 E 16TH ST
DALHART, TX 79022

- ☐ Not Deliverable As Addressed
☐ Unable To Forward
☐ Insufficient Address
☒ Moved, Left No Address
☐ Unclaimed ☐ Refused
☐ Attempted-Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Recapture
☐ Box Closed-No Order
☐ Returned For Better Address
☐ Postage Due



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0218
0006557
MAILED F



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7110 6605 9590 0012 6288

Postage	\$ 1.05	Postmark 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

MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6288

MILDRED I BERTSCH
260 CARISSA DR
SATELLITE BEACH, FL 32937

Batch #: 2194
Article #: 71106605959000126288
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

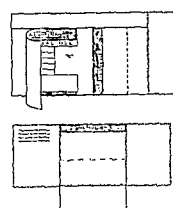
Reorder Form LCD-3 Rev. 01/07

2. Article Number 7110 6605 9590 0012 6288	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: MILDRED I BERTSCH 260 CARISSA DR SATELLITE BEACH, FL 32937 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 6288	COMPLETE THIS SECTION ON DELIVERY A. Signature X <i>Mildred Bertsch</i> B. Received by (Printed Name) C. Date of Delivery 9/1/10 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: MILDRED I BERTSCH 260 CARISSA DR SATELLITE BEACH, FL 32937 Code: Allocation Project - D.Howell	

Batch #: 2194
Article #: 71106605959000126288
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0013 3880

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

MILLER EARLE HILL
PO BOX 6725
KINGMAN, AZ 86402

Form 3800, August 2009 See Reverse for Instructions

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

CERTIFIED MAIL™

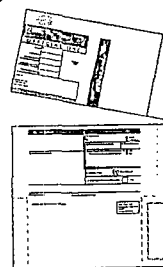
7110 6605 9590 0013 3880

MILLER EARLE HILL
PO BOX 6725
KINGMAN, AZ 86402

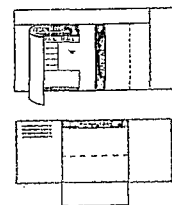
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Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3880	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILLER EARLE HILL PO BOX 6725 KINGMAN, AZ 86402	D. Is 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	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3880	A. Signature X <i>Miller Earle Hill</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>MILLER E. Hill</i> <i>9-20-10</i>
MILLER EARLE HILL PO BOX 6725 KINGMAN, AZ 86402	D. Is 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 #: 2273
Article #: 71106605959000133880
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6295

Postage	\$	\$1.05	Postmark 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

MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



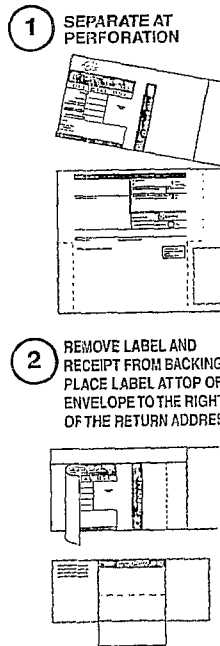
7110 6605 9590 0012 6295

MILLER TRUST UWO HELEN MILLER
MICHEAL H MILLER, TRUSTEE
4348 PLUMWOOD DRIVE
WEST DES MOINES, IA 50265

Batch #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LOD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6295	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILLER TRUST UWO HELEN MILLER MICHEAL H MILLER, TRUSTEE 4348 PLUMWOOD DRIVE WEST DES MOINES, IA 50265	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 6295	A. Signature X <i>Anna K Miller</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILLER TRUST UWO HELEN MILLER MICHEAL H MILLER, TRUSTEE 4348 PLUMWOOD DRIVE WEST DES MOINES, IA 50265	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 #: 2194
Article #: 71106605959000126295
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6301

Postage	\$	\$1.05	Postmark 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

MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6301

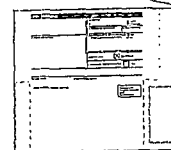
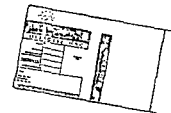
MILO D SMITH
1536 W GARFIELD
DAVENPORT, IA 52804-1750

Batch #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

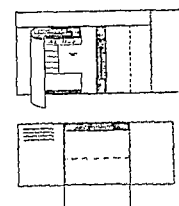
Reorder Form LCD-001 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6301	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MILO D SMITH 1536 W GARFIELD DAVENPORT, IA 52804-1750	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 6301	A. Signature X <i>Milo D Smith</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Milo D Smith</i> <i>9-7-10</i>
MILO D SMITH 1536 W GARFIELD DAVENPORT, IA 52804-1750	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 #: 2194
Article #: 71106605959000126301
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



U.S. Postal Service
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7110 6605 9590 0012 6318

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	

sent To

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

MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6318

MIMI ANN MORGAN QUINN
434 COUNTY RD 42
SANDY POINT, TX 77583

Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

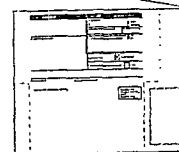
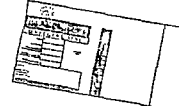
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6318	A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: MIMI ANN MORGAN QUINN 434 COUNTY RD 42 SANDY POINT, TX 77583	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ Certified	
4. Restricted Delivery? (Extra Fee) ☐ Yes		

Code: Allocation Project - D.Howell

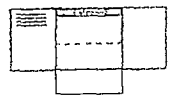
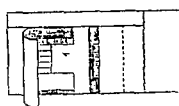
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6318	A. Signature X <i>Mimi Quinn</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: MIMI ANN MORGAN QUINN 434 COUNTY RD 42 SANDY POINT, TX 77583	B. Received by (Printed Name) <i>Mimi Quinn</i>	C. Date of Delivery <i>9-9-10</i>
	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 SEPARATE AT PERFORATION



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



Batch #: 2194
Article #: 71106605959000126318
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6325

Postage	\$	1.05	Postmark 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

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Form 3800, August 2005, 11-1 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6325

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Batch #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 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 6325

1. Article Addressed to:

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

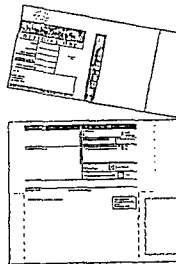
B. Received by (Printed Name) C. Date of Delivery

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

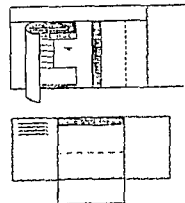
3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 6325

1. Article Addressed to:

MINA RUTH FITTING
3910 EDGEBROOK COURT
MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Mina Ruth Fitting* ☐ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2194
Article #: 71106605959000126325
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6349

Postage	\$	\$1.05	Postmark 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

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6349

MIRIAM M CARROLL TRUST
3536 BRYN MAWR
DALLAS, TX 75225

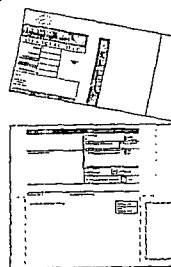
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Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-001 rev. 01/07

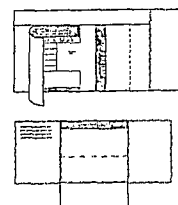
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6349	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MIRIAM M CARROLL TRUST 3536 BRYN MAWR DALLAS, TX 75225	D. Is delivery address different from item 1? ☐ Yes If YES 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 6349	A. Signature X <i>M. Carroll</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>M. CARROLL ENROLLING</i> <i>9/7/10</i>
MIRIAM M CARROLL TRUST 3536 BRYN MAWR DALLAS, TX 75225	D. Is 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 #: 2194
Article #: 71106605959000126349
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6356

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

Send To

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6356

MIRIAM N WASHBURN TRUST
PO BOX 5383
DENVER, CO 80217

Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD rev. 01/07

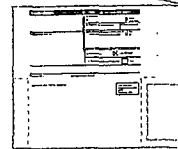
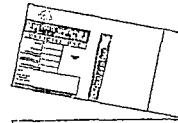
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6356	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MIRIAM N WASHBURN TRUST PO BOX 5383 DENVER, CO 80217	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

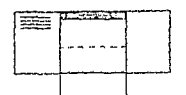
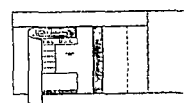
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6356	A. Signature X Matthew Valerie ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) Matthew Valerie 9-710 C. Date of Delivery
MIRIAM N WASHBURN TRUST PO BOX 5383 DENVER, CO 80217	D. Is delivery address 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



Batch #: 2194
Article #: 71106605959000126356
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0013 3897

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

MISTY E COLES
597 PINE LN
KING WILLIAM, VA 23086

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3897

MISTY E COLES
597 PINE LN

KING WILLIAM, VA 23086

Batch #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

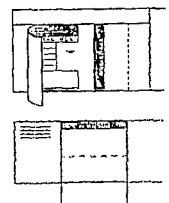
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3897	A. Signature X	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
MISTY E COLES 597 PINE LN KING WILLIAM, VA 23086	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 ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3897	A. Signature X <i>C. Armstrong</i>	☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>C. Armstrong</i>	C. Date of Delivery <i>9-18-10</i>
MISTY E COLES 597 PINE LN KING WILLIAM, VA 23086	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 #: 2273
Article #: 71106605959000133897
Date/Time: 9/14/2010 3:35:38 PM
Code:
Code2:
File #:
Internal File #:

3



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7110 6605 9590 0012 6363

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	

sent To
MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

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

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6363

MITZI H EASLEY
1203 ARRONIMINK CR, SP 247
AUSTIN, TX 78746

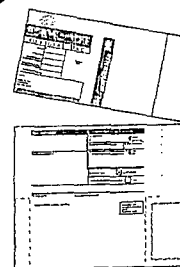
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Article #: 71106605959000126363
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-1 rev. 01/07

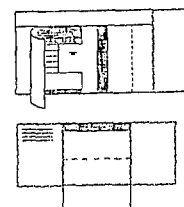
2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6363	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No	
	3. Service Type ☒ 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	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6363	A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:	B. 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 #: 2194
Article #: 71106605959000126363
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

LIFT HERE



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7110 6605 9590 0012 6387

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	

sent To

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

MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Form 3800, August 2005 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6387

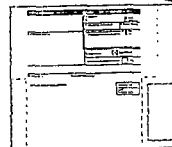
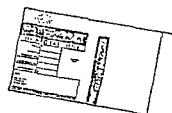
MOMSEN TRUST B
PO BOX 948
BAYARD, NM 88023

Batch #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

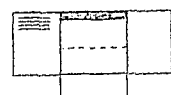
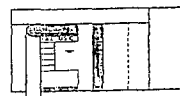
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6387	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOMSEN TRUST B PO BOX 948 BAYARD, NM 88023	D. Is 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 6387	A. Signature <i>Peter Momen</i> ☒ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>PETER MOMSEN 9/3/10</i>
MOMSEN TRUST B PO BOX 948 BAYARD, NM 88023	D. Is 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 #: 2194
Article #: 71106605959000126387
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6394

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
MONICA SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6394

MONICA SENA
C/O BANK OF OKLAHOMA NA AGENT
PO BOX 1588
TULSA, OK 74101

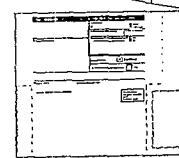
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Article #: 71106605959000126394
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-8 Rev. 01/07

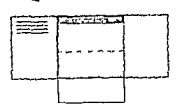
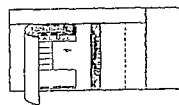
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6394	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MONICA SENA C/O BANK OF OKLAHOMA NA AGENT PO BOX 1588 TULSA, OK 74101	D. Is delivery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
	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 6394	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MONICA SENA 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
	3. Service Type ☒ Certified
	4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126394
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3



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7110 6605 9590 0012 6400

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	

sent To

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

MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6400

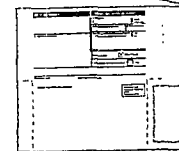
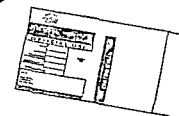
MONICA SORRELS
1151 N NEWBY LN
BLOOMFIELD, NM 87413

Batch #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

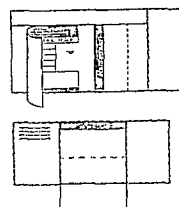
Reorder Form LCD, rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6400	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MONICA SORRELS 1151 N NEWBY LN BLOOMFIELD, NM 87413	D. Is 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 6400	A. Signature X <i>Monica Sorrels</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>Monica Sorrels</i> <i>9/2/10</i>
MONICA SORRELS 1151 N NEWBY LN BLOOMFIELD, NM 87413	D. Is 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 #: 2194
Article #: 71106605959000126400
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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Postage	7110 6605 9590 0013 3118
Certified Fee	\$0.44
Return Receipt Fee (Endorsement Required)	\$2.80
Restricted Delivery Fee (Endorsement Required)	\$2.30
Total Postage & Fees	\$0.00

Postmark Here

Amount To: \$5.54

Recipient: MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Form 3800, August 2006 See Reverse for Instructions



7110 6605 9590 0013 3118

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Batch #: 2269
Article #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0013 3118

1. Article Addressed to:

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

COMPLETE THIS SECTION ON DELIVERY

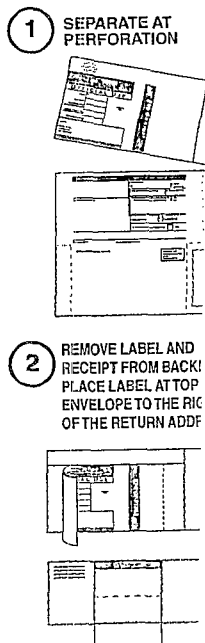
A. Signature ☐ Agent ☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes



2. Article Number

7110 6605 9590 0013 3118

1. Article Addressed to:

MONSIGNOR LEO GOMEZ TR 4/10/03
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee

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

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

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Batch #: 2269
Article #: 71106605959000133118
Date/Time: 9/14/2010 2:59:27 PM
Code:
Code2:
File #:
Internal File #:



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7110 6605 9590 0012 6417

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	

Postmark To

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

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6417

MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10
10009 BRIDGEPOINTE NE
ALBUQUERQUE, NM 87111

Batch #: 2194
Article #: 71106605959000126417
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-100 Rev. 01/07

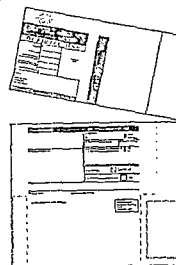
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6417	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	D. Is delivery address different 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

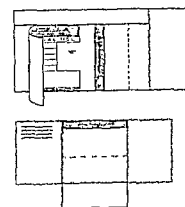
2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6417	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MONSIGNOR LEO GOMEZ TRUST DTD 4-10-10 10009 BRIDGEPOINTE NE ALBUQUERQUE, NM 87111	D. Is delivery address different 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



Batch #: 2194
Article #: 71106605959000126417
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



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7110 6605 9590 0012 6424

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	

sent To

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

MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

Form 3811, August 2006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6424

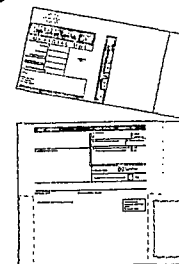
MOSES BICKFORD STEVENS
101 WITHERS COURT
GOODVIEW, VA 24095

Batch #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

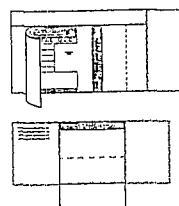
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6424	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MOSES BICKFORD STEVENS 101 WITHERS COURT GOODVIEW, VA 24095	D. Is 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 6424	A. Signature X <i>Beth Stevens</i> ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery <i>BETH STEVENS</i> <i>9/3/10</i>
MOSES BICKFORD STEVENS 101 WITHERS COURT GOODVIEW, VA 24095	D. Is 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 #: 2194
Article #: 71106605959000126424
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:



7110 6605 9590 0012 6431

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

Sent To

Street, Apt. No.,
PO Box No.,
City, State, Zip+4MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
1401 CARDENAS NE
ALBUQUERQUE, NM 87110

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6431

MOULDS FAMILY TRUST
MYRA T & WILLIAM J MOULDS, CO-TRUST
1401 CARDENAS NE
ALBUQUERQUE, NM 87110

Batch #: 2194

Article #: 71106605959000126431

Date/Time: 8/31/2010 12:34:13 PM

Code: Allocation Project - D.Howell

Code2:

File #:

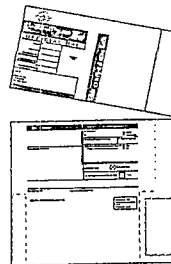
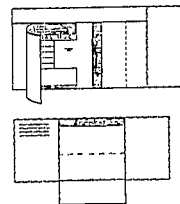
Internal File #:

Internal Code #:

Reorder Form LCD-001 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6431		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MOULDS FAMILY TRUST MYRA T & WILLIAM J MOULDS, CO-TRUST 1401 CARDENAS NE ALBUQUERQUE, NM 87110		D. Is 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 6431		A. Signature ☐ Agent X ☐ Addressee	
1. Article Addressed to:		B. Received by (Printed Name) TERESA MOULDS	C. Date of Delivery 9-23-2010
MOULDS FAMILY TRUST MYRA T & WILLIAM J MOULDS, CO-TRUST 1401 CARDENAS NE ALBUQUERQUE, NM 87110		D. Is 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 #: 2194

Article #: 71106605959000126431

Date/Time: 8/31/2010 12:34:13 PM

Code: Allocation Project - D.Howell

Code2:

File #:

Internal File #:

Internal Code #:

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


ConocoPhillips

7110 6605 9590 0012 6448

MRS ABEL GARCIA
506 EAST 2ND AVENUE
DURANGO, CO 81301



UNITED STATES
02 1R
0006557
MAILED FI

06/2/12
SEP 13
9/27



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7110 6605 9590 0012 6455

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	

sent To

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

MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

Form 3800- August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6455

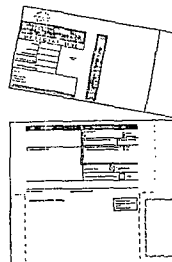
MURIEL ANDREWS BOSSERT LIFE ESTATE
10606 VISTA LAGO PL
SAN DIEGO, CA 92131

Batch #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

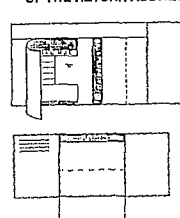
Reorder Form LCD-1 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 6455	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MURIEL ANDREWS BOSSERT LIFE ESTATE 10606 VISTA LAGO PL SAN DIEGO, CA 92131	D. Is 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	

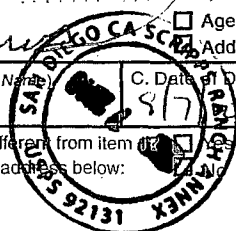
1 SEPARATE AT PERFORATION



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 6455	A. Signature X ☐ Agent ☐ Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MURIEL ANDREWS BOSSERT LIFE ESTATE 10606 VISTA LAGO PL SAN DIEGO, CA 92131	D. Is 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 #: 2194
Article #: 71106605959000126455
Date/Time: 8/31/2010 12:34:13 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3