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7110 6605 9590 0012 6738

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

Postmark Here

Sent To
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City, State, Zip+4

ODYSSEY ROYALTIES LLC
8261 S MONACO CT
CENTENNIAL, CO 80112

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

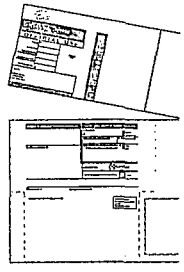
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6738

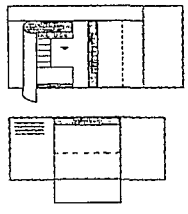
ODYSSEY ROYALTIES LLC
8261 S MONACO CT
CENTENNIAL, CO 80112

Batch #: 2194
Article #: 71106605959000126738
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 6738

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

ODYSSEY ROYALTIES LLC
8261 S MONACO CT
CENTENNIAL, CO 80112

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

UNITED STATES POSTAL SERVICE

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

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

Batch #: 2194
Article #: 71106605959000126738
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3 LIFT HERE

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7110 6605 9590 0012 6745

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

Postmark Here

Sent To: OIL & GAS DISTRIBUTION ACCT FASKEN
Street, Apt. No.; or PO Box No.: ACCT 050515115100 PO BOX 5383
City, State, Zip+4: DENVER, CO 80217

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

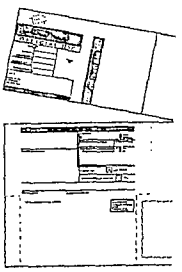
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7110 6605 9590 0012 6745

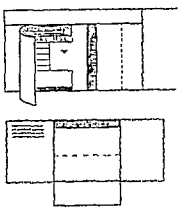
OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

Batch #: 2194
Article #: 71106605959000126745
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 6745

1. Article Addressed to:

OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

D. Is 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

P

2. Article Number

7110 6605 9590 0012 6745

1. Article Addressed to:

OIL & GAS DISTRIBUTION ACCT FASKEN
ACCT 050515115100
PO BOX 5383
DENVER, CO 80217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Matthew Haralson ☐ Agent ☒ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126745
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE

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CERTIFIED MAIL™ RECEIPT
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7110 6605 9590 0012 6752

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

Postmark Here

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

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

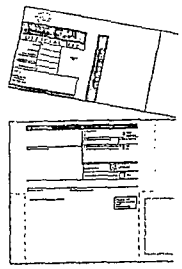
CERTIFIED MAIL™

7110 6605 9590 0012 6752

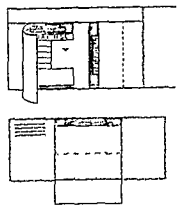
OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

Batch #: 2194
Article #: 71106605959000126752
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 6752

1. Article Addressed to:

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

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

2. Article Number

7110 6605 9590 0012 6752

1. Article Addressed to:

OMIMEX PETROLEUM INC
2001 BEACH ST, STE 810
FORT WORTH, TX 76103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Julie Allen
☐ Agent
☐ Addressee

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

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

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

PS Form 3811 **Domestic Return Receipt**

Batch #: 2194
Article #: 71106605959000126752
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6769

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

Postmark Here

Sent To
ONEIDA COBERLY
Street, Apt. No.; or PO Box No.
PO BOX 372
City, State, Zip+4
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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7110 6605 9590 0012 6769

ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

Batch #: 2194
Article #: 71106605959000126769
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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

2. Article Number

7110 6605 9590 0012 6769

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

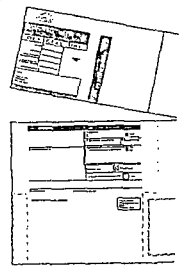
ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

3. Service Type ☒ Certified

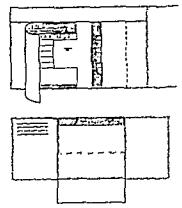
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 6769

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Oneida Coberly ☐ Agent ☐ Addressee

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

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

SEP 20 2010
USPS

1. Article Addressed to:

ONEIDA COBERLY
PO BOX 372
AZTEC, NM 87410

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126769
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6776

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

Postmark Here

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

ORALIA CASAUS JARAMILLO
BOX 8075 HIGHWAY 4
JEMEZ PUEBLO, NM 87024

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 6776

ORALIA CASAUS JARAMILLO
BOX 8075 HIGHWAY 4
JEMEZ PUEBLO, NM 87024

Batch #: 2194
Article #: 71106605959000126776
Date/Time: 8/31/2010 12:34:14 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 6776

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

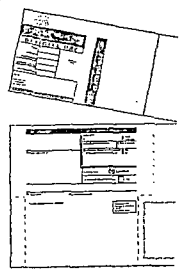
ORALIA CASAUS JARAMILLO
BOX 8075 HIGHWAY 4
JEMEZ PUEBLO, NM 87024

3. Service Type ☒ Certified

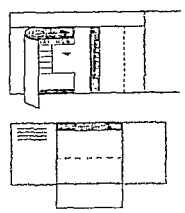
4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 6776

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elizabeth Jaramillo ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elizabeth Jaramillo | C. Date of Delivery 9.03.2010

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

1. Article Addressed to:

ORALIA CASAUS JARAMILLO
BOX 8075 HIGHWAY 4
JEMEZ PUEBLO, NM 87024

3. Service Type ☒ Certified

4. Restricted Delivery? (Extra Fee) ☐ Yes

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126776
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

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7110 6605 9590 0012 6783

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

Postmark Here

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

OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

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7110 6605 9590 0012 6783

OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

Batch #: 2194
Article #: 71106605959000126783
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD2 rev. 01/07

2. Article Number

7110 6605 9590 0012 6783

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

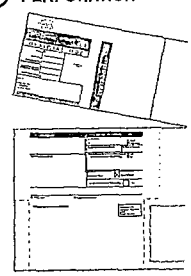
OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

3. Service Type ☒ Certified

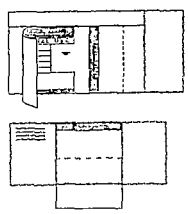
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

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 6783

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent ☐ Addressee

B. 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:

OROCO LLC
13170B CENTRAL SE PMB 325
ALBUQUERQUE, NM 87123

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Sarah Martinez 9/3/10

Batch #: 2194
Article #: 71106605959000126783
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3

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PS Form 3811 **Domestic Return Receipt**

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7110 6605 9590 0012 6790

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

Postmark Here

Sent To: OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
Street, Apt. No.; or PO Box No.: 6803 KYLE ROAD
City, State, Zip+4: BIG SPRING, TX 79720

PS Form 3800, August 2006 — See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 6790

OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

Batch #: 2194
Article #: 71106605959000126790
Date/Time: 8/31/2010 12:34:14 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 6790

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. 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:

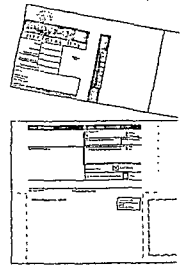
OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

3. Service Type ☒ Certified

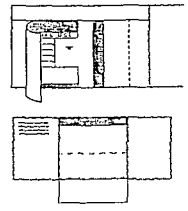
4. Restricted Delivery? (*Extra Fee*) ☐ Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



2. Article Number

7110 6605 9590 0012 6790

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mike Belt ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) MIKE BELT | C. Date of Delivery 9-15-10

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

1. Article Addressed to:

OTTERBELT LLL
ATTN: SUZANN BELT, MANAGER
6803 KYLE ROAD
BIG SPRING, TX 79720

3. Service Type ☒ Certified

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

Code: Allocation Project - D.Howell

Batch #: 2194
Article #: 71106605959000126790
Date/Time: 8/31/2010 12:34:14 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

PS Form 3811 **Domestic Return Receipt**

3 LIFT HERE