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7110 6605 9590 0012 6806

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	

Postage To: P ELENA SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Form 3800, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6806

P ELENA SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Batch #: 2194
 Article #: 71106605959000126806
 Date/Time: 8/31/2010 12:34:15 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 6806

1. Article Addressed to:

P ELENA SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

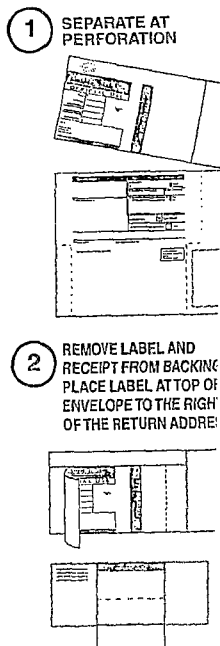
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

2. Article Number

7110 6605 9590 0012 6806

1. Article Addressed to:

P ELENA SANCHEZ
 C/O BANK OF OKLAHOMA NA AGENT
 PO BOX 1588
 TULSA, OK 74101

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2194
 Article #: 71106605959000126806
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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7110 6605 9590 0012 6813

Postage	\$ 1.05	Postmark 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

**P. J. HANNIFIN FAMILY TRUST,
 765 SANTA CAMELIA DR
 SOLANA BEACH, CA 92075**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



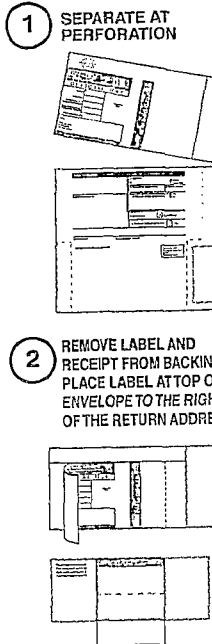
7110 6605 9590 0012 6813

P. J. HANNIFIN FAMILY TRUST,
765 SANTA CAMELIA DR
SOLANA BEACH, CA 92075

Batch #: 2194
 Article #: 71106605959000126813
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

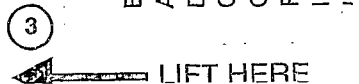
Reorder Form LCD rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6813	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
P. J. HANNIFIN FAMILY TRUST, 765 SANTA CAMELIA DR SOLANA BEACH, CA 92075	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6813	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
P. J. HANNIFIN FAMILY TRUST, 765 SANTA CAMELIA DR SOLANA BEACH, CA 92075	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
Code: Allocation Project - D.Howell		

Batch #: 2194
 Article #: 71106605959000126813
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 6820

Postage	\$ 1.05	Postmark 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

PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



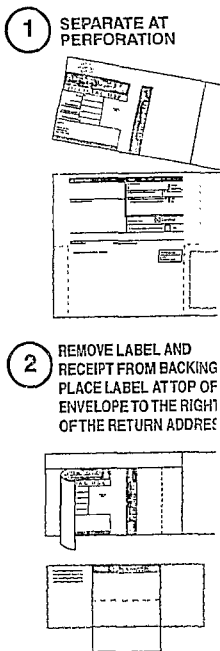
7110 6605 9590 0012 6820

PABLO LENNY CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2194
 Article #: 71106605959000126820
 Date/Time: 8/31/2010 12:34:15 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 6820	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PABLO LENNY CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6820	A. Signature <input type="checkbox"/> Agent X <i>P. Candalaria</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PABLO LENNY CANDELARIA PO BOX 348 BLANCO, NM 87412	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2194
 Article #: 71106605959000126820
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 6837

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	

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

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6837

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Batch #: 2194
 Article #: 71106605959000126837
 Date/Time: 8/31/2010 12:34:15 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 6837

1. Article Addressed to:

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

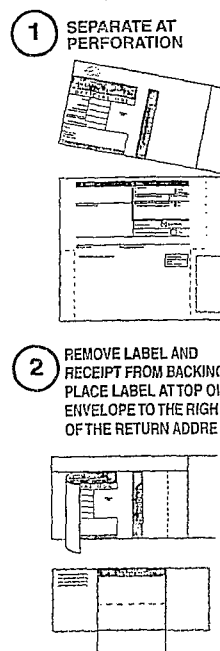
A. Signature
X Agent
 Addressee

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 6837

1. Article Addressed to:

PAMELA POLLOCK BRUNS
1130 FISKE
PACIFIC PALISADE, CA 90272

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Bill Bruns Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2194
 Article #: 71106605959000126837
 Date/Time: 8/31/2010 12:34:15 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

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

ent To
 PAMELA GRAY BALDWIN
 C/O TR MIN SECTION 1049334
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6844

PAMELA GRAY BALDWIN
 C/O TR MIN SECTION 1049334
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Batch #: 2195
 Article #: 71106605959000126844
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R Rev. 01/07

2. Article Number
 7110 6605 9590 0012 6844

1. Article Addressed to:
 PAMELA GRAY BALDWIN
 C/O TR MIN SECTION 1049334
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

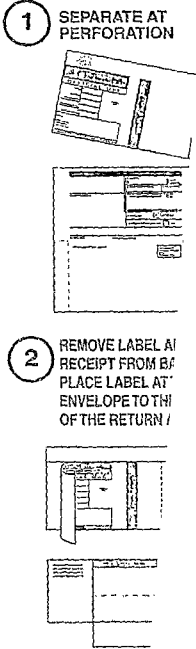
A. Signature
 X Agent
 Addressee

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 6844

1. Article Addressed to:
 PAMELA GRAY BALDWIN
 C/O TR MIN SECTION 1049334
 PO BOX 99084
 FORT WORTH, TX 76199-0084

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Petal* Agent
 Addressee

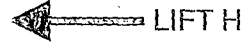
B. Received by (Printed Name) C. Date of Delivery
Estes

D. Is 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 #: 2195
 Article #: 71106605959000126844
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:





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 7110 6605 9590 0012 6851

Postage	\$ 1.05	Postmark 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: **PAMELA I CLUTE**
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

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

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



Code: Allocation Project - D.Howell

7110 6605 9590 0012 6851

PAMELA I CLUTE
 4300 S DAHLIA ST
 ENGLEWOOD, CO 80113

Batch #: 2195
 Article #: 71106605959000126851
 Date/Time: 8/31/2010 12:42:22 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 6851

1. Article Addressed to:
PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

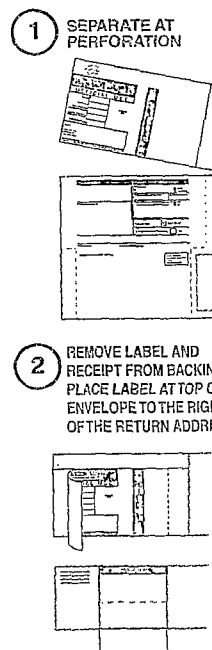
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 6851

1. Article Addressed to:
PAMELA I CLUTE
4300 S DAHLIA ST
ENGLEWOOD, CO 80113

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

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 #: 2195
 Article #: 71106605959000126851
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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 7110 6605 9590 0012 6868

Postage	\$ 1.05	Postmark 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
 PAMELA JULIET DENNIS
 231 MIDDLEBURY
 SAN ANTONIO, TX 78217-5723

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER ON FRONT ENVELOPE TO ELIMINATE
 CERTIFIED MAIL ADDRESS FOLD AND TAP TO OPEN
CERTIFIED MAIL

7110 6605 9590 0012 6868

PAMELA JULIET DENNIS
 231 MIDDLEBURY
 SAN ANTONIO, TX 78217-5723

Batch #: 2195
 Article #: 71106605959000126868
 Date/Time: 8/31/2010 12:42:22 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 6868

1. Article Addressed to:

PAMELA JULIET DENNIS
 231 MIDDLEBURY
 SAN ANTONIO, TX 78217-5723

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

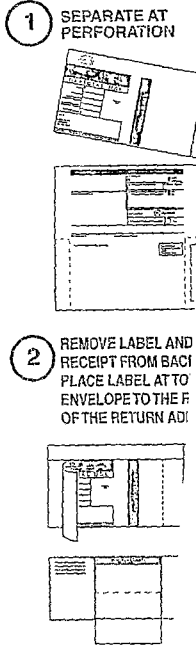
A. Signature Agent
X Addressee

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 6868

1. Article Addressed to:

PAMELA JULIET DENNIS
 231 MIDDLEBURY
 SAN ANTONIO, TX 78217-5723

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Pamela Dennis* Addressee

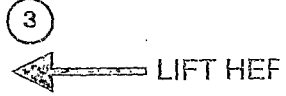
B. Received by (Printed Name) C. Date of Delivery
 8/31/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126868
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





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 7110 6605 9590 0012 6875

Postage	\$ 1.05	Postmark 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
 PAT D & CRUZELIA MONTOYA LIVING TRU
 211 HWY 511
 BLANCO, NM 87412

Form 3800, August 2006. See Reverse for Instructions

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

7110 6605 9590 0012 6875

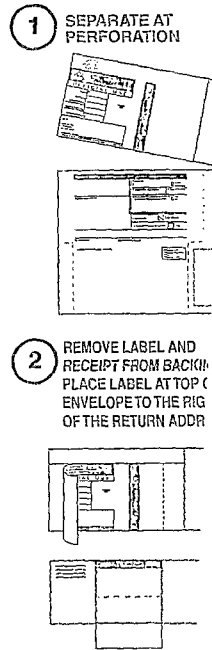
PAT D & CRUZELIA MONTOYA LIVING TRU
 211 HWY 511
 BLANCO, NM 87412

Code: Allocation Project - D.Howell

Batch #: 2195
 Article #: 71106605959000126875
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

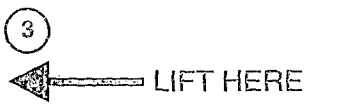
Reorder Form LCD-8 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6875	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PAT D & CRUZELIA MONTOYA LIVING TRU 211 HWY 511 BLANCO, NM 87412		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6875	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PAT D & CRUZELIA MONTOYA LIVING TRU 211 HWY 511 BLANCO, NM 87412	PAT Montoya	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
Code: Allocation Project - D.Howell	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2195
 Article #: 71106605959000126875
 Date/Time: 8/31/2010 12:42:22 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
Mail Only, Not Insurance Coverage Provided
 For delivery information visit our website at www.usps.com
 7110 6605 9590 0012 6882

Postage	\$ 1.05	Postmark 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 **PAT S BOLIN**
2525 KELL #510
WICHITA FALLS, TX 76308

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

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKERS TO OPEN ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS FOLD A DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 6882

PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

Batch #: 2195
 Article #: 71106605959000126882
 Date/Time: 8/31/2010 12:42:23 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 6882

1. Article Addressed to:

PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

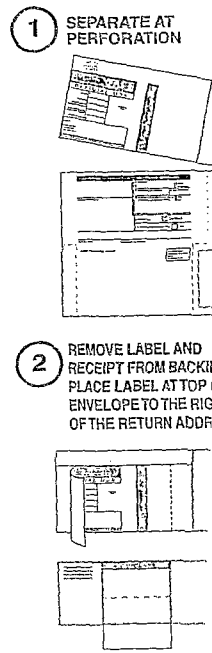
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 6882

1. Article Addressed to:

PAT S BOLIN
2525 KELL #510
WICHITA FALLS, TX 76308

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

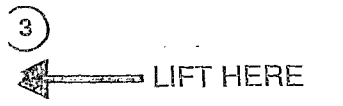
Robin Gibber 9/7/10

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 #: 2195
 Article #: 71106605959000126882
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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CERTIFIED MAIL RECEIPT
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 For delivery information, visit our website at www.usps.com
 7110 6605 9590 0012 6899

Postage	\$ 1.05	Postmark 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

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Form 3800, August 2006 (See Reverse for Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6899

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Batch #: 2195
 Article #: 71106605959000126899
 Date/Time: 8/31/2010 12:42:23 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 6899

1. Article Addressed to:

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

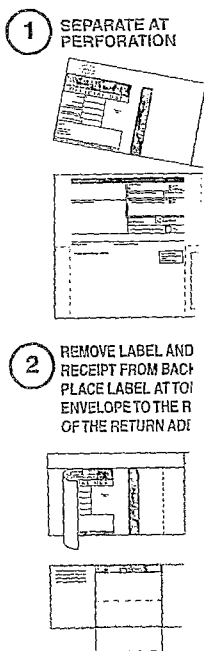
A. Signature Agent Addressee
X

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 6899

1. Article Addressed to:

PATRICIA ANN ASHBURN
7095 69TH ST
VERO BEACH, FL 32967

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Patricia Ann Ashburn*

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126899
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





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 6905

Postage	\$ 1.05	Postmark 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
 Patricia B MASI
 1300 SYLVAN DR
 HADDON HEIGHTS, NJ 08035-1230

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 6905

PATRICIA B MASI
 1300 SYLVAN DR
 HADDON HEIGHTS, NJ 08035-1230

Batch #: 2195
 Article #: 71106605959000126905
 Date/Time: 8/31/2010 12:42:23 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 6905

1. Article Addressed to:
 PATRICIA B MASI
 1300 SYLVAN DR
 HADDON HEIGHTS, NJ 08035-1230

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

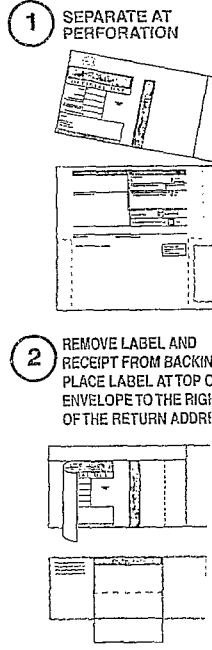
A. Signature
 X Agent
 Addressee

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 6905

1. Article Addressed to:
 PATRICIA B MASI
 1300 SYLVAN DR
 HADDON HEIGHTS, NJ 08035-1230

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

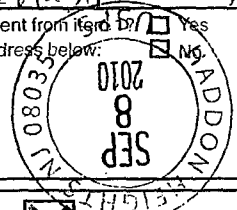
A. Signature
 X *Patricia B Masi* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Patricia B Masi 9/18/10

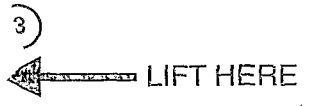
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000126905
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





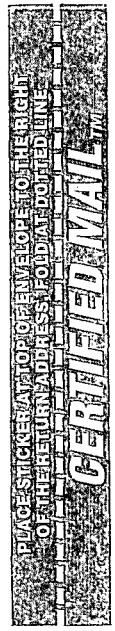
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only; No Insurance Coverage Provided)
 For more information visit our website at www.usps.com
 7110 6605 9590 0012 6912

Postage	\$ 1.05	Postmark 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 **PATRICIA ELLEN ELLSWORTH**
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6912

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

Batch #: 2195
 Article #: 71106605959000126912
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2006. See Reverse for Instructions

Reorder Form LCD-01/07

2. Article Number

7110 6605 9590 0012 6912

1. Article Addressed to:

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

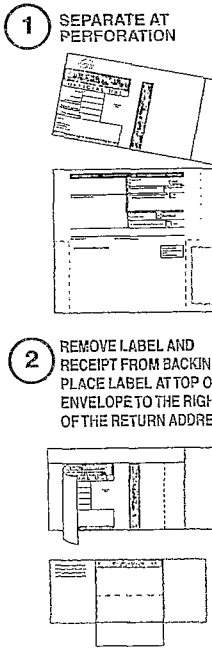
A. Signature Agent
X Addressee

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 6912

1. Article Addressed to:

PATRICIA ELLEN ELLSWORTH
4608 CAYETANA PL NW
ALBUQUERQUE, NM 87120

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Patricia Ellsworth Addressee

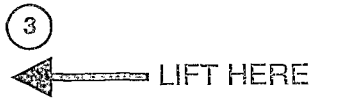
B. Received by (Printed Name) C. Date of Delivery

D. Is 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 #: 2195
 Article #: 71106605959000126912
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 6929

Postage	\$ 1.05	Postmark 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: **PATRICIA G HARVEY**
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

PS Form 3811, August 2006 (with Special Services Instructions)

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6929

PATRICIA G HARVEY
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

Batch #: 2195
 Article #: 71106605959000126929
 Date/Time: 8/31/2010 12:42:23 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 6929

1. Article Addressed to:

PATRICIA G HARVEY
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

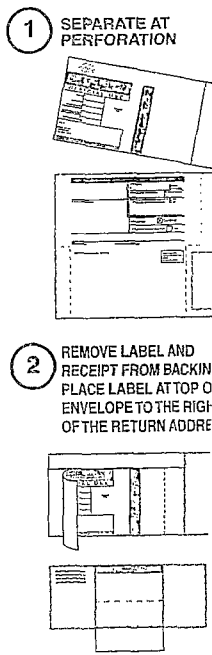
A. Signature Agent
X Addressee

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 6929

1. Article Addressed to:

PATRICIA G HARVEY
 1545 LONDON RD
 CHARLOTTESVILLE, VA 22901

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Patricia G. Harvey* Addressee

B. Received by (Printed Name) C. Date of Delivery
 9/13/10

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 #: 2195
 Article #: 71106605959000126929
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 6936

Postage	\$ 1.05	Postmark 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 **PATRICIA LAURIE FRANCIL**
 4556 CR 240
 DURANGO, CO 81301

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

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6936

PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

Batch #: 2195
 Article #: 71106605959000126936
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 01/07

2. Article Number

7110 6605 9590 0012 6936

1. Article Addressed to:

PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

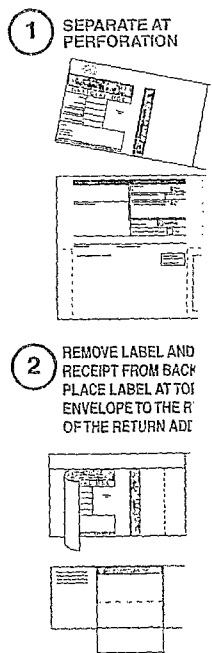
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6936

1. Article Addressed to:

PATRICIA LAURIE FRANCIL
 4556 CR 240
 DURANGO, CO 81301

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

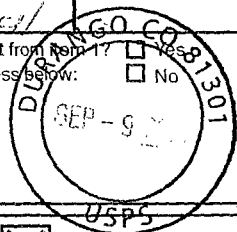
A. Signature Agent
 Addressee

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

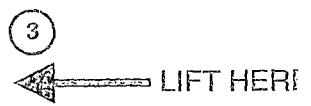
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000126936
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





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7110 6605 9590 0012 6943

Postage	\$ 1.05	Postmark 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 **PATRICIA N RIGG**
1303 N WALNUT
TUCSON, AZ 85712

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

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 6943

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

Batch #: 2195
 Article #: 71106605959000126943
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3800, August 2005 See Reverse for Instructions

2. Article Number

7110 6605 9590 0012 6943

1. Article Addressed to:

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

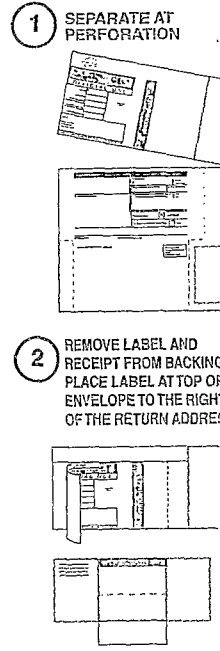
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6943

1. Article Addressed to:

PATRICIA N RIGG
1303 N WALNUT
TUCSON, AZ 85712

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

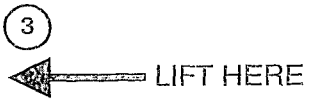
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000126943
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-8 01/07



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7110 6605 9590 0012 6950

Postage	\$ 1.05	Postmark 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

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

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 6950

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

Batch #: 2195
 Article #: 71106605959000126950
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 6950

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

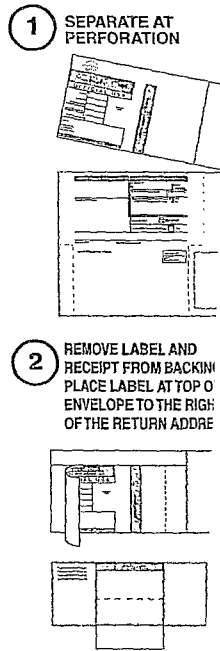
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Reorder Form LCD-8-01/07

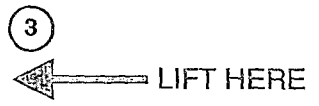
PS Form 3811 Domestic Return Receipt

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 #: 2195
 Article #: 71106605959000126950
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 6967

Postage	\$ 1.05	Postmark 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

PATRICIA STEELE
1105 GRAND AVE
EVERETT, WA 98201

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 6967

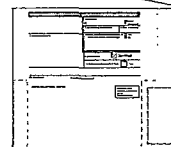
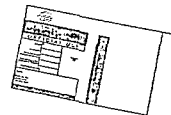
PATRICIA STEELE
1105 GRAND AVE
EVERETT, WA 98201

Batch #: 2195
 Article #: 71106605959000126967
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

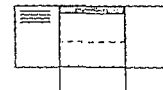
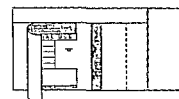
PS Form 3800, August 2006. See Reverse for Instructions

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 6967	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to: PATRICIA STEELE 1105 GRAND AVE EVERETT, WA 98201	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

1 SEPARATE AT PERFORATION



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



Reorder Form LCD-01/07

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 #: 2195
 Article #: 71106605959000126967
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 LIFT HERE

San Juan Business
PO Box 4289
Farmington NM 87499-4289

ConocoPhillips

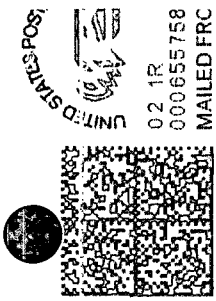
7110 6605 9590 0012 6967

15

1st NOTICE 9/7 INITIALS SP
2nd NOTICE 9-17 INITIALS
RETURN 9-23 INITIALS

RETURN TO
SUSAN TUDICIA STEELE
UNCLAIMED

15





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Mail Only, No Insurance Coverage Provided)
For information, visit our website at www.usps.com
 7110 6605 9590 0012 6974

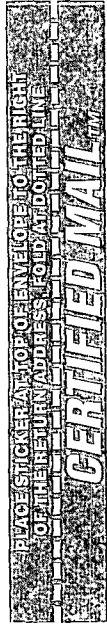
Postage	\$ 1.05	Postmark Here
Certified Fee	\$ 2.80	
Return Receipt Fee (endorsement Required)	\$ 2.30	
Restricted Delivery Fee (endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.15	

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

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6974

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

Batch #: 2195
 Article #: 71106605959000126974
 Date/Time: 8/31/2010 12:42:23 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 6974

1. Article Addressed to:

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

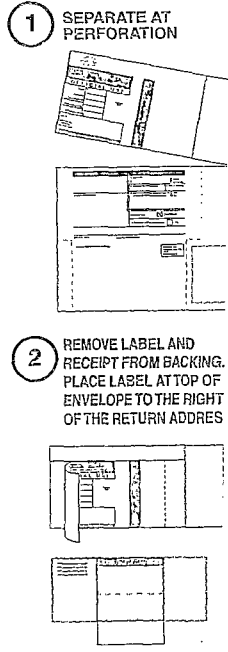
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 6974

1. Article Addressed to:

PATRICIA VELARDE
409 SAN MEDINA
FARMINGTON, NM 87401

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Patricia Velarde

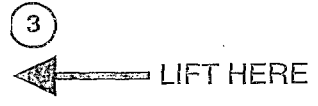
B. Received by (Printed Name) C. Date of Delivery

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 #: 2195
 Article #: 71106605959000126974
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 6981

Postage	\$ 1.05	Postmark 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
 Patrick A Macintosh
 502 S 11TH ST
 GUNNISON, CO 81230-3212

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6981

PATRICK A MACINTOSH
 502 S 11TH ST
 GUNNISON, CO 81230-3212

Batch #: 2195
 Article #: 71106605959000126981
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-01/07

2. Article Number
 7110 6605 9590 0012 6981

1. Article Addressed to:
 PATRICK A MACINTOSH
 502 S 11TH ST
 GUNNISON, CO 81230-3212

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

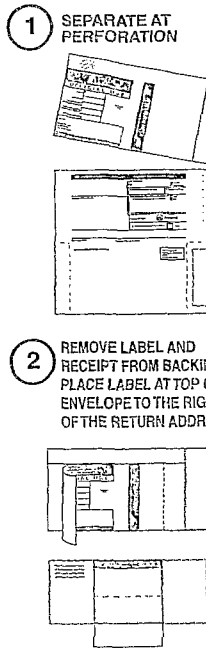
A. Signature
 X Agent
 Addressee

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

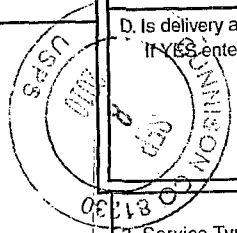
4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 6981

1. Article Addressed to:
 PATRICK A MACINTOSH
 502 S 11TH ST
 GUNNISON, CO 81230-3212

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kusan Macintosh* Agent
 Addressee

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

D. Is 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 #: 2195
 Article #: 71106605959000126981
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 6998

Postage	\$ 1.05	Postmark 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
 Patrick J Herbert III Succ Ttee Uad
 C/O Simpson Estates
 30 N La Salle St #1232
 Chicago, IL 60602-3344

Code: Allocation Project - D.Howell



7110 6605 9590 0012 6998

PATRICK J HERBERT III SUCC TTEE UAD
 C/O SIMPSON ESTATES
 30 N LA SALLE ST #1232
 CHICAGO, IL 60602-3344

Batch #: 2195
 Article #: 71106605959000126998
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2008. See Reverse for Instructions

Reorder Form LCD-8 Rev. 01/07

2. Article Number
 7110 6605 9590 0012 6998

1. Article Addressed to:
 PATRICK J HERBERT III SUCC TTEE UAD
 C/O SIMPSON ESTATES
 30 N LA SALLE ST #1232
 CHICAGO, IL 60602-3344

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

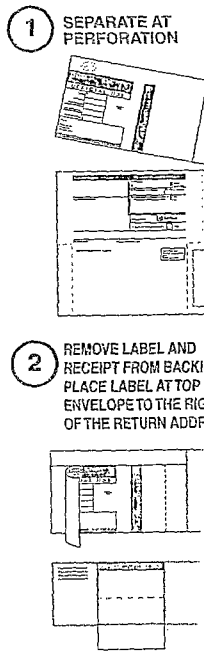
A. Signature Agent Addressee
X

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 6998

1. Article Addressed to:
 PATRICK J HERBERT III SUCC TTEE UAD
 C/O SIMPSON ESTATES
 30 N LA SALLE ST #1232
 CHICAGO, IL 60602-3344

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X D Coy

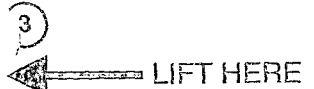
B. Received by (Printed Name) C. Date of Delivery
D. COY 9/7/10

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 #: 2195
 Article #: 71106605959000126998
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 7001

Postage	\$ 1.05	Postmark 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

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



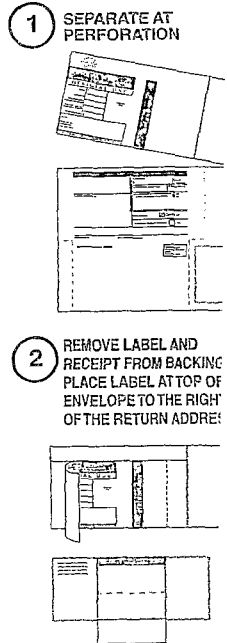
7110 6605 9590 0012 7001

PATSY R CUMMINS
5110 A SHADYLANE
MIDLAND, TX 79703

Batch #: 2195
 Article #: 71106605959000127001
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

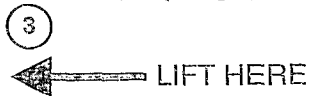
Reorder Form LCD-8 Rev. 01/07

2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7001	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY R CUMMINS 5110 A SHADYLANE MIDLAND, TX 79703	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2 Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7001	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY R CUMMINS 5110 A SHADYLANE MIDLAND, TX 79703	PATSY CUMMINS 9-14-10
Code: Allocation Project - D.Howell	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2195
 Article #: 71106605959000127001
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0013 3934

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 **PATSY L WILLIAMSON**
3713 BLUEBELL DR
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4 **EVERMAN, TX 76140**

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™

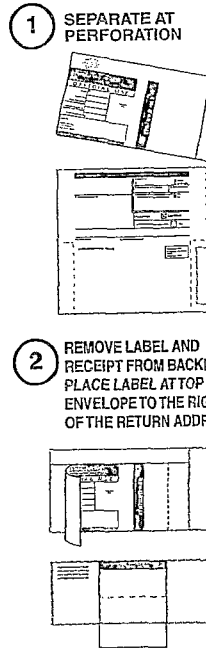
7110 6605 9590 0013 3934

PATSY L WILLIAMSON
3713 BLUEBELL DR
EVERMAN, TX 76140

Batch #: 2273
 Article #: 71106605959000133934
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

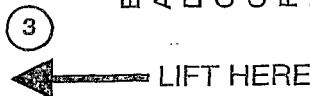
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3934	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY L WILLIAMSON 3713 BLUEBELL DR EVERMAN, TX 76140	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0013 3934	A. Signature X <i>James Wilk</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PATSY L WILLIAMSON 3713 BLUEBELL DR EVERMAN, TX 76140	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2273
 Article #: 71106605959000133934
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 7018

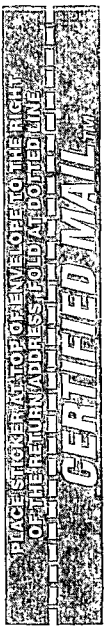
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

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

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7018

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

Batch #: 2195
 Article #: 71106605959000127018
 Date/Time: 8/31/2010 12:42:23 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 7018

1. Article Addressed to:

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

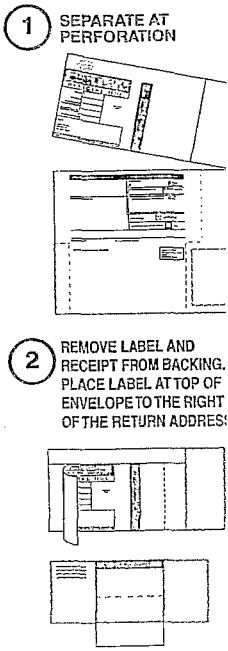
X

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 7018

1. Article Addressed to:

PATTERSON GROUP
6237 S DOVER ST
LITTLETON, CO 80123

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Julie Patterson*

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

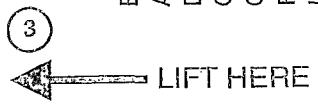
Julie Patterson *9/4/10*

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 #: 2195
 Article #: 71106605959000127018
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7025

Postage	\$ 1.05	Postmark 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

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Form 3800, August 2005 Edition. See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER ON TOP OF ENVELOPE TO IDENTIFY
 THE RETURN ADDRESS. HOLD DOTTED LINE
CERTIFIED MAIL

7110 6605 9590 0012 7025

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Batch #: 2195
 Article #: 71106605959000127025
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD - rev. 01/07

2. Article Number

7110 6605 9590 0012 7025

1. Article Addressed to:

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

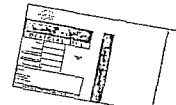
B. Received by (Printed Name) C. Date of Delivery

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

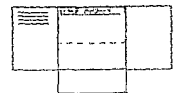
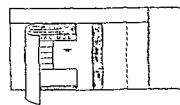
3. Service Type **Certified**

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 7025

1. Article Addressed to:

PATTI PECK WOOD
PO BOX 1099
RISING STAR, TX 76471

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
Shirley Allen 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 #: 2195
 Article #: 71106605959000127025
 Date/Time: 8/31/2010 12:42:23 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

← LIFT HERE



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7110 6605 9590 0012 7032

Postage \$	\$1.05	Postmark 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

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7032

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

Batch #: 2195
 Article #: 71106605959000127032
 Date/Time: 8/31/2010 12:42:24 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 7032

1. Article Addressed to:

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

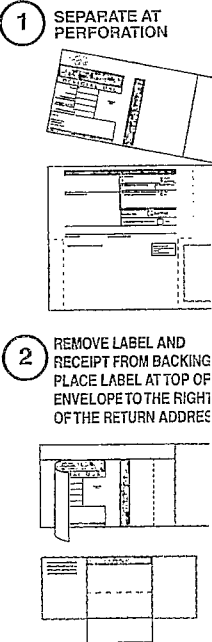
A. Signature Agent
X Addressee

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 7032

1. Article Addressed to:

PAUL A BRENNAND
6408 ST ANNES CT NE
ALBUQUERQUE, NM 87111

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

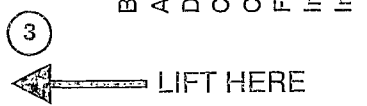
B. Received by (Printed Name) C. Date of Delivery
Paul A. Brennand **9-3-10**

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127032
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7049

Postage	\$ 1.05	Postmark 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

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7049

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Batch #: 2195
 Article #: 71106605959000127049
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 7049

1. Article Addressed to:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

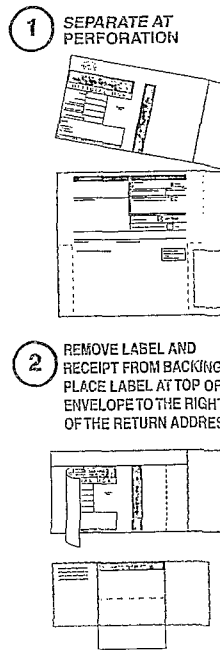
A. Signature Agent Addressee
X

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 7049

1. Article Addressed to:

PAUL A TREXEL
6460 EL ROBLE ST
LONG BEACH, CA 90815-4617

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X William A. Trexel

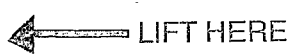
B. Received by (Printed Name) C. Date of Delivery
 9-7-10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127049
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-8 Rev. 01/07



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7110 6605 9590 0012 7056

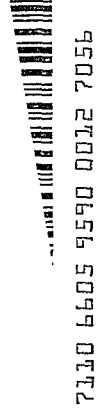
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

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

PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell

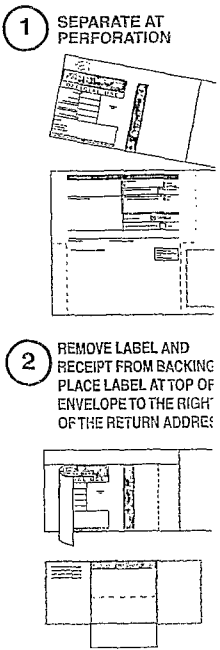


PAUL DAVIS LTD
P O BOX 871
MIDLAND, TX 79702

Batch #: 2195
 Article #: 71106605959000127056
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

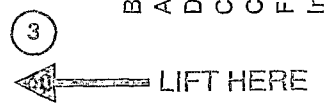
Recorder Form LCD-8 v. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7056	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



2. Article Number	COMPLETE THIS SECTION ON DELIVERY
7110 6605 9590 0012 7056	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
PAUL DAVIS LTD P O BOX 871 MIDLAND, TX 79702	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Batch #: 2195
 Article #: 71106605959000127056
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
No Insurance Coverage Provided
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7110 6605 9590 0012 7063

Postage	\$ 1.05	Postmark 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

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

Form 3811, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7063

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

Batch #: 2195
Article #: 71106605959000127063
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

2. Article Number

7110 6605 9590 0012 7063

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

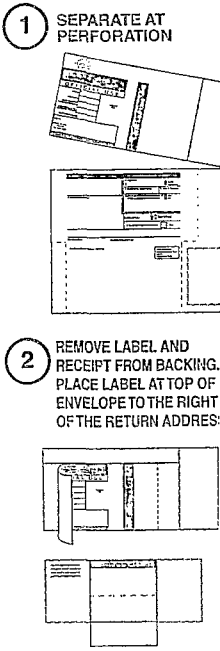
A. Signature Agent Addressee
X

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



Reorder Form LCD-8 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7063

1. Article Addressed to:

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

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

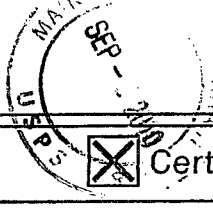
A. Signature Agent Addressee
X *Mason Brindle*

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

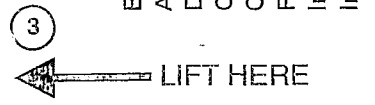
D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
Article #: 71106605959000127063
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:





U.S. Postal Service
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7110 6605 9590 0012 7070

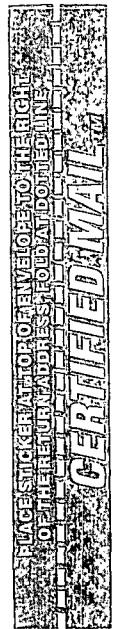
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

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

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

PS Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7070

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

Batch #: 2195
 Article #: 71106605959000127070
 Date/Time: 8/31/2010 12:42:24 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 7070

1. Article Addressed to:

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

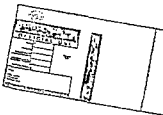
B. Received by (Printed Name) C. Date of Delivery

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

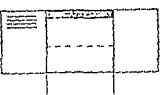
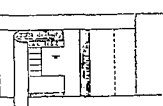
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



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



2 Article Number

7110 6605 9590 0012 7070

1. Article Addressed to:

PAUL R. MAYO, JR.
8918 TESORO DR, SUITE 505
SAN ANTONIO, TX 78217

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Joan Nahn* Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127070
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
LIFT HERE



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7110 6605 9590 0012 7087

Postage	\$	\$1.05	Postmark 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

**PAUL SLAYTON
 P.O. BOX 2035
 ROSWELL, NM 88202-2035**

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7087

**PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035**

Batch #: 2195
 Article #: 71106605959000127087
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3811, August 2006 See Reverse for Instructions

2 Article Number

7110 6605 9590 0012 7087

1. Article Addressed to:

**PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2 Article Number

7110 6605 9590 0012 7087

1. Article Addressed to:

**PAUL SLAYTON
P.O. BOX 2035
ROSWELL, NM 88202-2035**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Jane Andrews Addressee

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

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No
Box 2035

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

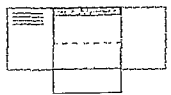
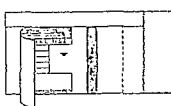
Code: Allocation Project - D.Howell

Reorder Form LCD- rev. 01/07

1 SEPARATE AT PERFORATION



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



Batch #: 2195
 Article #: 71106605959000127087
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3

← LIFT HERE



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(No Insurance Coverage Provided)

7110 6605 9590 0012 7094

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

**PAULETTE SHARON CANDELARIA
 PO BOX 348
 BLANCO, NM 87412**

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

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7094

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

Batch #: 2195
 Article #: 71106605959000127094
 Date/Time: 8/31/2010 12:42:24 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 7094

1. Article Addressed to:

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

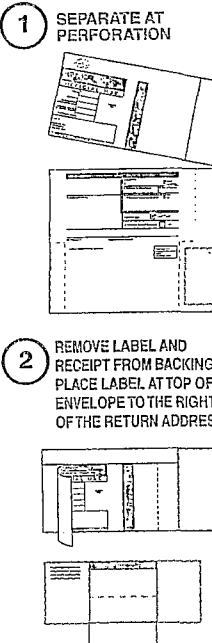
A. Signature Agent
X Addressee

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 7094

1. Article Addressed to:

PAULETTE SHARON CANDELARIA
PO BOX 348
BLANCO, NM 87412

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

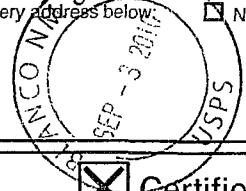
A. Signature Agent
X Addressee

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

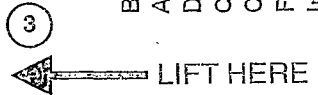
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000127094
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7110 6605 9590 0012 7100

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

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

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

PS Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



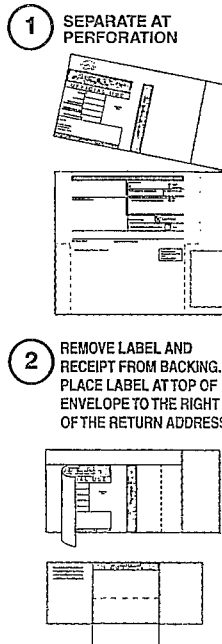
7110 6605 9590 0012 7100

PAULINE GARCIA
9835 1/2 4TH ST NW
ALBUQUERQUE, NM 87114

Batch #: 2195
Article #: 71106605959000127100
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

Reorder Form LCD-80 Rev. 01/07

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7100		A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) C. Date of Delivery	
PAULINE GARCIA 9835 1/2 4TH ST NW ALBUQUERQUE, NM 87114		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
Code: Allocation Project - D.Howell		3. Service Type <input checked="" type="checkbox"/> Certified	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811

Domestic Return Receipt

UNITED STATES POSTAL SERVICE




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

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

Batch #: 2195
Article #: 71106605959000127100
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3
LIFT HERE

San Juan Busir
PO Box 4289
Farmington NM 87499-4289

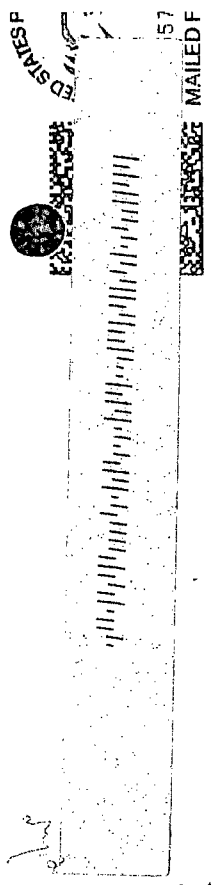

Conocophiles
UNDELIVERABLE
UNADDRESSED,
UNABLE TO FORWARD

7110 6605 9590 0012 7117

9/19

[Handwritten scribbles and signature]

PAULINE P. JOHNSON
10610 SEVERS PARK DRIVE
HOUSTON, TX 77024





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

7110 6605 9590 0012 7117

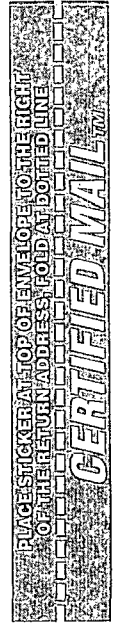
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Form 3800, August 2005, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7117

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Batch #: 2195
 Article #: 71106605959000127117
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2 Article Number

7110 6605 9590 0012 7117

1. Article Addressed to:

PAULINE P. JOHNSON
10610 S EVERS PARK DRIVE
HOUSTON, TX 77024

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

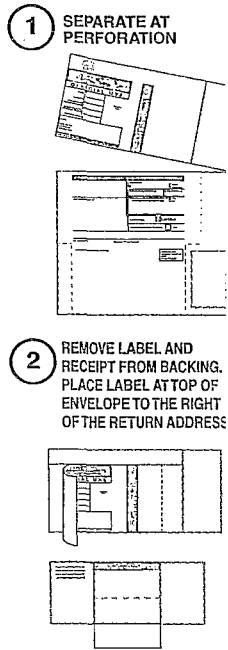
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811

Domestic Return Receipt

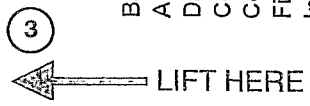
UNITED STATES POSTAL SERVICE



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

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

Batch #: 2195
 Article #: 71106605959000127117
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-Rev. 01/07



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7110 6605 9590 0013 3941

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 **PEARL R TAYLOR EST**
2610 FIRST ST
 Street, Apt. No.,
 PO Box No.
 City, State, Zip+4 **TILLAMOOK, OR 97141-2503**

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 3941

PEARL R TAYLOR EST
 2610 FIRST ST

TILLAMOOK, OR 97141-2503

Batch #: 2273
 Article #: 71106605959000133941
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 v. 01/07

2. Article Number

7110 6605 9590 0013 3941

1. Article Addressed to:

PEARL R TAYLOR EST
 2610 FIRST ST
 TILLAMOOK, OR 97141-2503

COMPLETE THIS SECTION ON DELIVERY

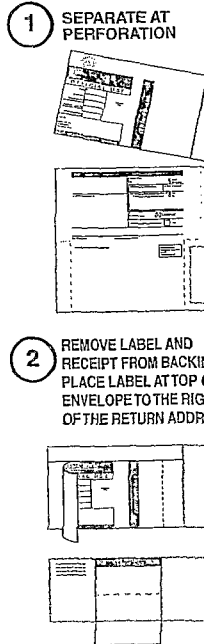
A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0013 3941

1. Article Addressed to:

PEARL R TAYLOR EST
 2610 FIRST ST
 TILLAMOOK, OR 97141-2503

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Linda Taylor Addressee

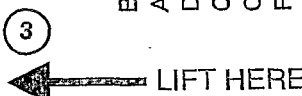
B. Received by (Printed Name) C. Date of Delivery
Linda Taylor 9.20.10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2273
 Article #: 71106605959000133941
 Date/Time: 9/14/2010 3:35:39 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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

7110 6605 9590 0012 7124

Postage	\$ 1.05	Postmark 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

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

PS Form 3811, August 2008 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7124

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

Batch #: 2195
 Article #: 71106605959000127124
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7124

1. Article Addressed to:

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

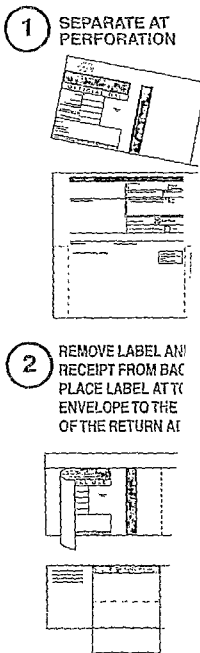
B. Received by (Printed Name) C. Date of Delivery

D. Is 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 7124

1. Article Addressed to:

PENELOPE HESS BUTLER
4605 POST OAK PL, STE 107
HOUSTON, TX 77027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Louise GIBSON Agent
 Addressee

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

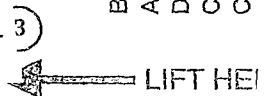
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

Batch #: 2195
 Article #: 71106605959000127124
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:



PROVED

US Postal Service
CERTIFIED MAIL RECEIPT
First-Class Mail Only, No Insurance Coverage Provided
Delivery by First-Class Mail Only, No Insurance Coverage Provided

7110 6605 9590 0012 7131

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		

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

**PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738**

Form 3800 August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell

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

7110 6605 9590 0012 7131

PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738

Batch #: 2195
Article #: 71106605959000127131
Date/Time: 8/31/2010 12:42:24 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 7131

1. Article Addressed to:

**PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

2 Article Number

7110 6605 9590 0012 7131

1. Article Addressed to:

**PENNIES FROM HEAVEN LLC
PO BOX 840738
DALLAS, TX 75284-0738**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

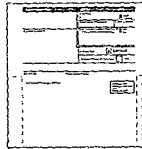
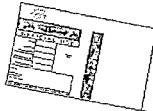
D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type Certified

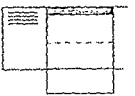
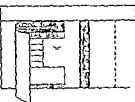
4. Restricted Delivery? (Extra Fee) Yes

Code: Allocation Project - D.Howell

1 SEPARATE AT PERFORATION



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



3

Batch #: 2195
Article #: 71106605959000127131
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code2:



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 7148

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

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

PS Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7148

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

Batch #: 2195
 Article #: 71106605959000127148
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 7148

1. Article Addressed to:

PENROC OIL CORPORATION
P O BOX 2769
HOBBS, NM 88241-2769

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

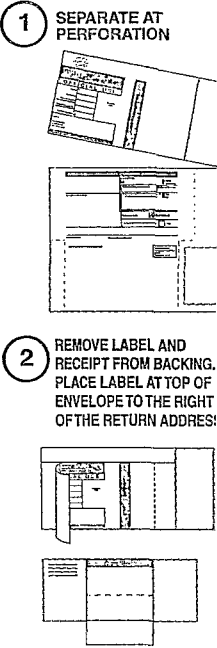
A. Signature Agent
 Addressee

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

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

3. Service Type **Certified**

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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

Batch #: 2195
 Article #: 71106605959000127148
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3
 ← LIFT HERE

Reorder Form LCD Rev. 01/07

PROVED

Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only, No Insurance Coverage Provided
 Delivery Information Visit our website at www.usps.com
 7110 6605 9590 0012 7155

Postage	\$ 1.05	Postmark 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 **PERRY H. POLLOCK**
PO BOX 950
ASPEN, CO 81612

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

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS FOR A DOUBLE LINE
CERTIFIED MAIL

7110 6605 9590 0012 7155

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Batch #: 2195
 Article #: 71106605959000127155
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:

Form 3800, August 2006. See Reverse for Instructions

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 7155

1. Article Addressed to:

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

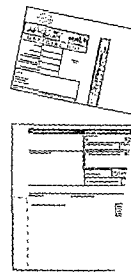
B. Received by (Printed Name) C. Date of Delivery

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

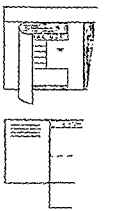
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORMANCE



2 REMOVE LABEL RECEIPT FROM PLACE LABEL ENVELOPE TO OF THE RETU



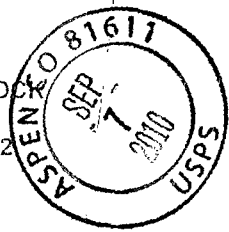
2. Article Number

7110 6605 9590 0012 7155

1. Article Addressed to:

PERRY H. POLLOCK
PO BOX 950
ASPEN, CO 81612

Code: Allocation Project - D.Howell



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Perry H. Pollock*

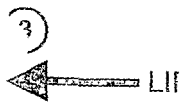
B. Received by (Printed Name) C. Date of Delivery
Perry H. Pollock *9-7-10*

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 #: 2195
 Article #: 71106605959000127155
 Date/Time: 8/31/2010 12:42:24 PM
 Allocation Project - D.Howell





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 7162

Postage	\$ 1.05	Postmark 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
 PETCO LIMITED
 PO BOX 911
 BRECKENRIDGE, TX 76424-0911

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

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7162

PETCO LIMITED
 PO BOX 911
 BRECKENRIDGE, TX 76424-0911

Batch #: 2195
 Article #: 71106605959000127162
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R 01/07

2. Article Number
 7110 6605 9590 0012 7162

1. Article Addressed to:
 PETCO LIMITED
 PO BOX 911
 BRECKENRIDGE, TX 76424-0911

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

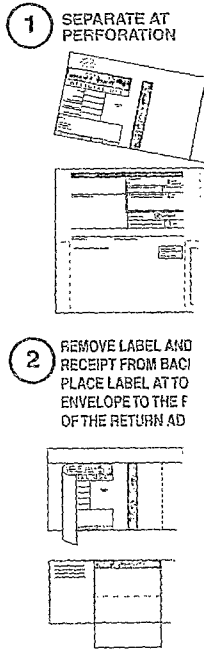
A. Signature
 X Agent
 Addressee

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 7162

1. Article Addressed to:
 PETCO LIMITED
 PO BOX 911
 BRECKENRIDGE, TX 76424-0911

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Martha Nagle Agent
 Addressee

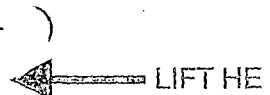
B. Received by (Printed Name) C. Date of Delivery
 Martha Nagle 9-7-10

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 #: 2195
 Article #: 71106605959000127162
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





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 7179

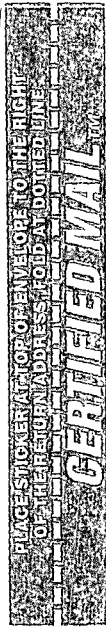
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.15	

ent To **PETER CLAUD JACOBSEN**
3319 HULEN
FORT WORTH, TX 76107

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

Form 3800, August 2006 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7179

PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Batch #: 2195
 Article #: 71106605959000127179
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811 Rev. 01/07

2. Article Number

7110 6605 9590 0012 7179

1. Article Addressed to:

PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

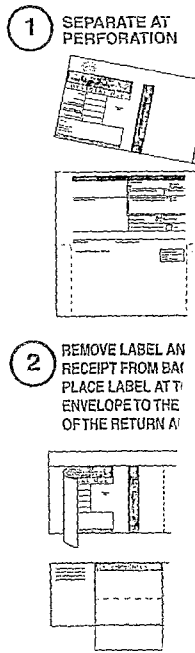
A. Signature Agent Addressee
X

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 7179

1. Article Addressed to:

PETER CLAUD JACOBSEN
3319 HULEN
FORT WORTH, TX 76107

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery
Jacobson **9/5**

D. Is 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 #: 2195
 Article #: 71106605959000127179
 Date/Time: 8/31/2010 12:42:24 PM
 Code: Allocation Project - D.Howell
 Code2:



ROVED

Postal Service
REGISTERED MAIL RECEIPT
Registered Mail Only, No Insurance Coverage Provided
For more information visit our website at www.usps.com
7110 6605 9590 0012 7186

Postage	\$ 1.05	Postmark 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

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7186

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Batch #: 2195
Article #: 71106605959000127186
Date/Time: 8/31/2010 12:42:24 PM
Code: Allocation Project - D.Howell
Code 2:
File #:
Internal File #:

Reorder Form LCD-811R rev. 01/07

2. Article Number

7110 6605 9590 0012 7186

1. Article Addressed to:

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

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

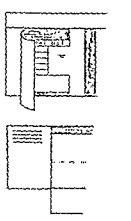
3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

1 SEPARATE AT PERFORATION



2 REMOVE LABEL RECEIPT FROM PLACE LABEL/ ENVELOPE TO OF THE RETURN



2. Article Number

7110 6605 9590 0012 7186

1. Article Addressed to:

PETER MCKEE BRENNAND
PO BOX 6268
SANTA FE, NM 87502

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

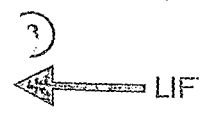
B. Received by (Printed Name) C. Date of Delivery
Peter McKee Brennand **9/4/10**

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 #: 2195
Article #: 71106605959000127186
Date/Time: 8/31/2010 12:42:24 PM
Allocation Project - D.Howell





Postal Service
CERTIFIED MAIL RECEIPT
 Mail Only (No Insurance Coverage Provided)
 Delivery Information: See Reverse for Instructions
 7110 6605 9590 0012 7193

Postage	\$ 1.05	Postmark 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

PETERSON FAMILY TRUST
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO REGISTER MAIL TO BE RETURNED TO THE OFFICE OF THE RETURN ADDRESS. SOLD AT POSTAL AUCTION.
CERTIFIED MAIL

7110 6605 9590 0012 7193

PETERSON FAMILY TRUST
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Batch #: 2195
 Article #: 71106605959000127193
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-811R-01/07

2. Article Number
 7110 6605 9590 0012 7193

1. Article Addressed to:

PETERSON FAMILY TRUST
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

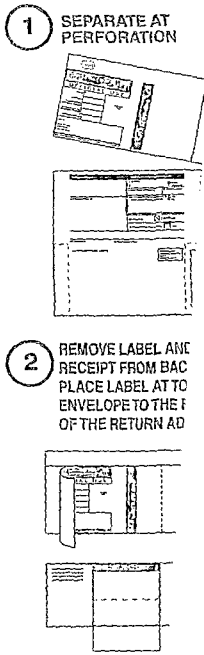
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 7193

1. Article Addressed to:

PETERSON FAMILY TRUST
 440 SAN LUCAS DR
 SOLANA BEACH, CA 92075

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

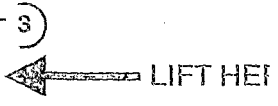
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127193
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:





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 7209

Postage	\$ 1.05	Postmark 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

PETROGULF CORPORATION
 518 17TH ST STE 1455
 DENVER, CO 80202

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7209

PETROGULF CORPORATION
 518 17TH ST STE 1455
 DENVER, CO 80202

Batch #: 2195
 Article #: 71106605959000127209
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3811, August 2006, PSN See Reverse for Instructions

Reorder Form LCD-81 01/07

2. Article Number

7110 6605 9590 0012 7209

1. Article Addressed to:

PETROGULF CORPORATION
 518 17TH ST STE 1455
 DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

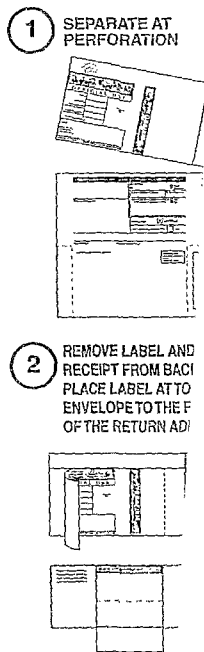
A. Signature
 X Agent
 Addressee

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 7209

1. Article Addressed to:

PETROGULF CORPORATION
 518 17TH ST STE 1455
 DENVER, CO 80202

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *D. Howell* Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127209
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Certified Mail Only, No Insurance Coverage Provided)
 For information visit our website at www.usps.com
 7110 6605 9590 0012 7216

Postage	\$ 1.05	Postmark 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

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

Code: Allocation Project - D.Howell

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS (FOUR AT DOTTED LINE)
CERTIFIED MAIL

7110 6605 9590 0012 7216

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

Batch #: 2195
 Article #: 71106605959000127216
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

PS Form 3811, August 2006 See Reverse for Instructions

Reorder Form LCD rev. 01/07

2. Article Number

7110 6605 9590 0012 7216

1. Article Addressed to:

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

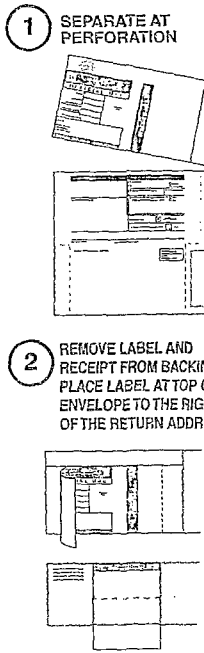
A. Signature
X Agent
 Addressee

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 7216

1. Article Addressed to:

PGC GAS COMPANY
8080 N CENTRAL EXPWY STE 1090
DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Amelie Khan* Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3
 ← LIFT HERE

Batch #: 2195
 Article #: 71106605959000127216
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:



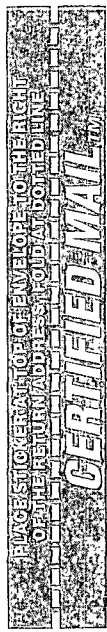
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7110 6605 9590 0012 7223

Postage	\$ 1.05	Postmark 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
 PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Form 3800, August 2006 See Reverse for Instructions



Code: Allocation Project - D.Howell

7110 6605 9590 0012 7223

PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Batch #: 2195
 Article #: 71106605959000127223
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2 Article Number

7110 6605 9590 0012 7223

1. Article Addressed to:

PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

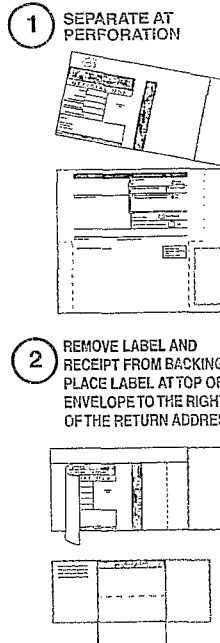
A. Signature Agent
X Addressee

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 7223

1. Article Addressed to:

PHILIP G DEMEREE
 7561 VIA CAMELLO DEL SUR
 SCOTTSDALE, AZ 85258

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 Philip Demeree 9-23-10

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 #: 2195
 Article #: 71106605959000127223
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-8 Rev. 01/07



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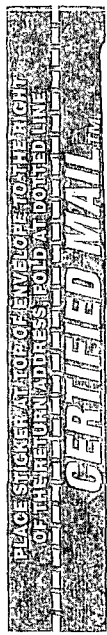
7110 6605 9590 0012 7230

Postage	\$ 1.05	Postmark 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

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7230

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

Batch #: 2195
 Article #: 71106605959000127230
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800, August 2006 See Reverse for Instructions

Reorder Form LCD-8001/07

2. Article Number

7110 6605 9590 0012 7230

1. Article Addressed to:

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

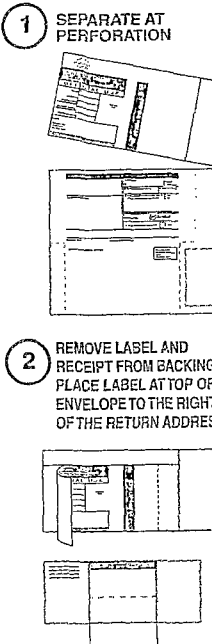
A. Signature Agent
X Addressee

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 7230

1. Article Addressed to:

PHILIP L HOMBURGER & DEBRA L
2160 S JACKSON
DENVER, CO 80210-4931

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

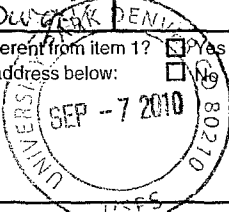
A. Signature Agent
X *Debra L Homburger* Addressee

B. Received by (Printed Name) C. Date of Delivery
Debra L Homburger DENVER, CO

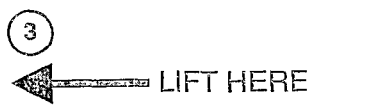
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



Batch #: 2195
 Article #: 71106605959000127230
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code 2:
 File #:
 Internal File #:
 Internal Code #:





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Postage	7110 6605 9590 0013 3132	
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	
Sent To		\$5.54
Street, Apt. No., PO Box No., City, State, Zip+4		
PHILLIP F MARBERRY 2170 CAMINO DE CHAVEZ BOSQUE FARMS, NM 87068		
PS Form 3800, August 2006 See Reverse for Instructions		

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

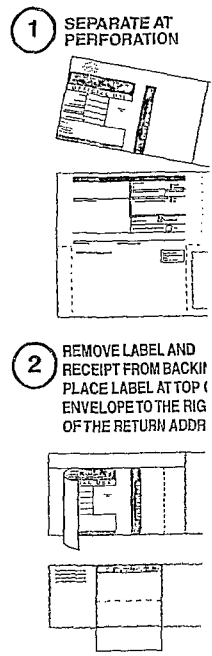
7110 6605 9590 0013 3132

PHILLIP F MARBERRY
 2170 CAMINO DE CHAVEZ
 BOSQUE FARMS, NM 87068

Batch #: 2269
 Article #: 71106605959000133132
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:
 Internal Code #:

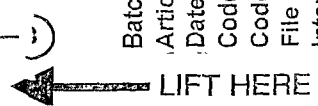
Reorder Form LCD-8 Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3132	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PHILLIP F MARBERRY 2170 CAMINO DE CHAVEZ BOSQUE FARMS, NM 87068		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0013 3132	A. Signature <input type="checkbox"/> Agent X <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PHILLIP F MARBERRY 2170 CAMINO DE CHAVEZ BOSQUE FARMS, NM 87068	<i>Phillip Marberry</i>	9/14/10
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Batch #: 2269
 Article #: 71106605959000133132
 Date/Time: 9/14/2010 2:59:27 PM
 Code:
 Code2:
 File #:
 Internal File #:





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7110 6605 9590 0012 7247

Postage	\$ 1.05	Postmark 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
 PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7247

PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Batch #: 2195
 Article #: 71106605959000127247
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code 2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07

2. Article Number
 7110 6605 9590 0012 7247

1. Article Addressed to:
 PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

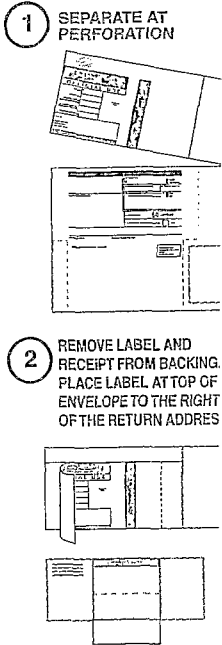
A. Signature Agent
X Addressee

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 7247

1. Article Addressed to:
 PHYLLIS F HOFFMAN
 2555 GROSS POINT RD, APT 206
 EVANSTON, IL 60201

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Phyllis F. Hoffman* Addressee

B. Received by (Printed Name) C. Date of Delivery
Phyllis F. Hoffman 9/3/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127247
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code 2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7254

Postage	\$ 1.05	Postmark 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
PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7254

PINE CONE PROPERTIES LLC
 1859 OAK CREEK DR
 GREENWOOD VILLAGE, CO 80121

Batch #: 2195
 Article #: 71106605959000127254
 Date/Time: 8/31/2010 12:42:25 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 7254

1. Article Addressed to:
PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

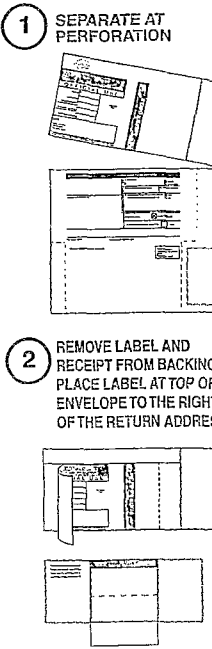
A. Signature Agent Addressee
X

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 7254

1. Article Addressed to:
PINE CONE PROPERTIES LLC
1859 OAK CREEK DR
GREENWOOD VILLAGE, CO 80121

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Diane Caslett*

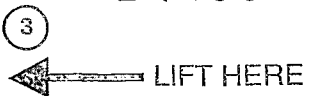
B. Received by (Printed Name) C. Date of Delivery

D. Is 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 #: 2195
 Article #: 71106605959000127254
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7261

Postage	\$ 1.05	Postmark 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
PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

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

PS Form 3800, August 2005 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7261

PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Batch #: 2195
Article #: 71106605959000127261
Date/Time: 8/31/2010 12:42:25 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 7261

1. Article Addressed to:
PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

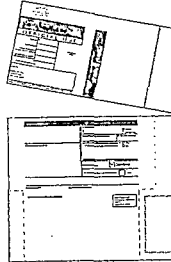
B. Received by (Printed Name) C. Date of Delivery

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

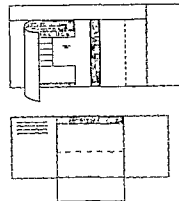
3. Service Type Certified

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 7261

1. Article Addressed to:
PINON RESOURCES INC
203 JACKSON ST
DENVER, CO 80206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
L. Dichter 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 #: 2195
Article #: 71106605959000127261
Date/Time: 8/31/2010 12:42:25 PM
Code: Allocation Project - D.Howell
Code2:
File #:
Internal File #:
Internal Code #:

3





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7110 6605 9590 0012 7278

Postage	\$ 1.05	Postmark 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

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

PS Form 3811, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7278

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Batch #: 2195
 Article #: 71106605959000127278
 Date/Time: 8/31/2010 12:42:25 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 7278

1. Article Addressed to:

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

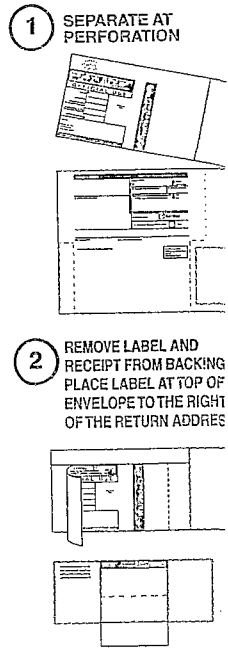
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7278

1. Article Addressed to:

PINTAIL PRODUCTION CO INC
6467 SOUTHWEST BLVD
FORT WORTH, TX 76132

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

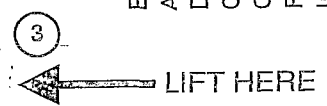
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127278
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





U.S. Postal Service
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7110 6605 9590 0012 7285

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

Postmark Here

Code: Allocation Project - D.Howell

7110 6605 9590 0012 7285

PIONEER NATURAL RESOURCES USA INC
 ATTN NM PROPERTY MESA ROY TR
 315 JOHNSTONE 1060 POB
 BARTLESVILLE, OK 74004

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

PIONEER NATURAL RESOURCES USA INC
 ATTN NM PROPERTY MESA ROY TR
 315 JOHNSTONE 1060 POB
 BARTLESVILLE, OK 74004

Batch #: 2195
 Article #: 71106605959000127285
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Form 3800 August 2006 See Reverse for Instructions

2 Article Number

7110 6605 9590 0012 7285

1. Article Addressed to:

PIONEER NATURAL RESOURCES USA INC
 ATTN NM PROPERTY MESA ROY TR
 315 JOHNSTONE 1060 POB
 BARTLESVILLE, OK 74004

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

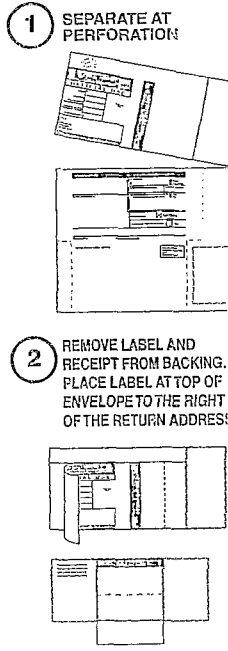
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2 Article Number

7110 6605 9590 0012 7285

1. Article Addressed to:

PIONEER NATURAL RESOURCES USA INC
 ATTN NM PROPERTY MESA ROY TR
 315 JOHNSTONE 1060 POB
 BARTLESVILLE, OK 74004

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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

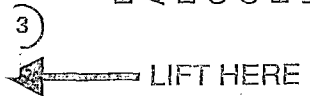
D. Is delivery address different from item 1? Yes No
 If YES enter delivery address below:
 Bartlesville, Ok

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127285
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

Reorder Form LCD-8 Rev. 01/07





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7110 6605 9590 0012 7292

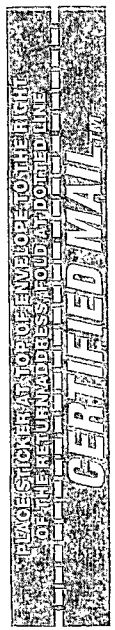
Postage	\$ 1.05	Postmark Here
Certified Fee	\$2.80	
Return Receipt Fee (endorsement Required)	\$2.30	
Restricted Delivery Fee (endorsement Required)	\$0.00	
Total Postage & Fees	\$6.15	

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

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Form 3811, August 2006
 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7292

PITCH ENERGY CORP
 PO BOX 304
 ARTESIA, NM 88211-0304

Batch #: 2195
 Article #: 71106605959000127292
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

2. Article Number

7110 6605 9590 0012 7292

1. Article Addressed to:

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

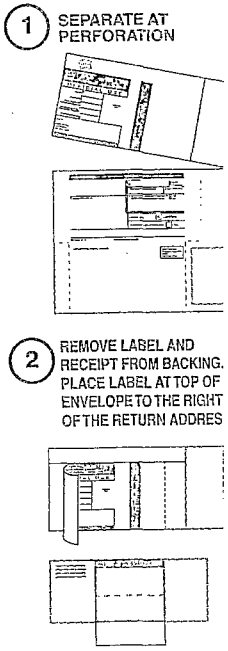
A. Signature Agent Addressee
X

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 7292

1. Article Addressed to:

PITCH ENERGY CORP
PO BOX 304
ARTESIA, NM 88211-0304

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Kande Robin

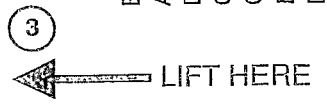
B. Received by (Printed Name) C. Date of Delivery
Kande Robin

D. Is 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 #: 2195
 Article #: 71106605959000127292
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



Reorder Form LCD-9 Rev. 01/07



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7110 6605 9590 0012 7308

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

Postmark Here

Post To: **POTENZIANI FAMILY PTSP
 C/O FRANK POTENZIANI
 PO BOX 676281
 RANCHO SANTA FE, CA 92067-6281**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



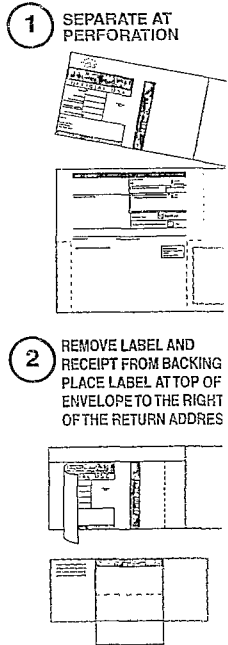
7110 6605 9590 0012 7308

POTENZIANI FAMILY PTSP
 C/O FRANK POTENZIANI
 PO BOX 676281
 RANCHO SANTA FE, CA 92067-6281

Batch #: 2195
 Article #: 71106605959000127308
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

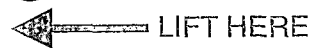
Reorder Form LCD-Rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7308	A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
POTENZIANI FAMILY PTSP C/O FRANK POTENZIANI PO BOX 676281 RANCHO SANTA FE, CA 92067-6281		
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7308	A. Signature <input type="checkbox"/> Agent X <i>Reggie</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
POTENZIANI FAMILY PTSP C/O FRANK POTENZIANI PO BOX 676281 RANCHO SANTA FE, CA 92067-6281	<i>Reginald Abel</i>	<i>9/15/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Code: Allocation Project - D.Howell		

Batch #: 2195
 Article #: 71106605959000127308
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7315

Postage	\$ 1.05	Postmark 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

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Form 3800, August 2005 See reverse for instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7315

PRESTON HOLLOW UNITED
 6315 WALNUT HILL LN
 DALLAS, TX 75230-5116

Batch #: 2195
 Article #: 71106605959000127315
 Date/Time: 8/31/2010 12:42:25 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 7315

1. Article Addressed to:

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

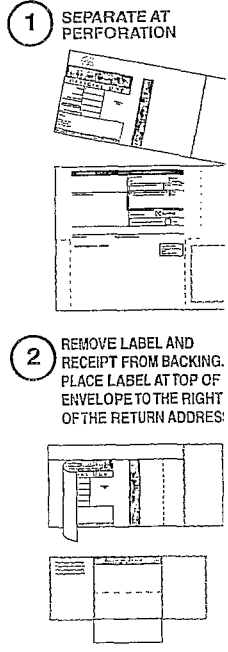
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7315

1. Article Addressed to:

PRESTON HOLLOW UNITED
6315 WALNUT HILL LN
DALLAS, TX 75230-5116

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Judith Clark

B. Received by (Printed Name) C. Date of Delivery
Judith Clark 9/7/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127315
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:



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7110 6605 9590 0012 7322

Postage	\$ 1.05	Postmark 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
PRIMITIVE PETROLEUM INC
 4514 ROBIN LANE
 MIDLAND, TX 79707

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7322

PRIMITIVE PETROLEUM INC
 4514 ROBIN LANE
 MIDLAND, TX 79707

Batch #: 2195
 Article #: 71106605959000127322
 Date/Time: 8/31/2010 12:42:25 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 7322

1. Article Addressed to:
PRIMITIVE PETROLEUM INC
 4514 ROBIN LANE
 MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

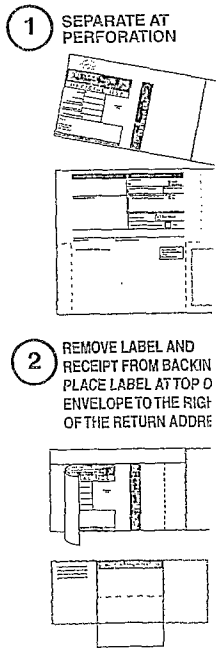
A. Signature Agent Addressee
X

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
 7110 6605 9590 0012 7322

1. Article Addressed to:
PRIMITIVE PETROLEUM INC
 4514 ROBIN LANE
 MIDLAND, TX 79707

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *[Signature]*

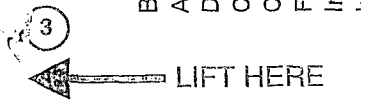
B. Received by (Printed Name) C. Date of Delivery
[Signature] 9/10/2010

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127322
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7339

Postage \$	\$1.05	Postmark 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

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

Form 3800, August 2005 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 7339

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

Batch #: 2195
 Article #: 71106605959000127339
 Date/Time: 8/31/2010 12:42:25 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 7339

1. Article Addressed to:

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

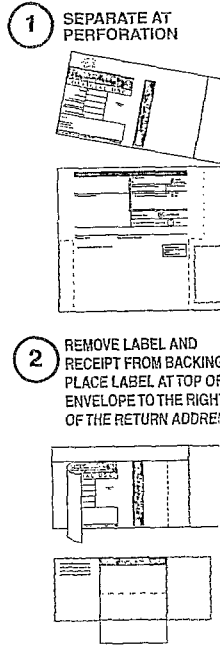
A. Signature Agent
X Addressee

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 7339

1. Article Addressed to:

PRINCETON UNIVERSITY GRADUATE COLLEGE
PO BOX 35
PRINCETON, NJ 08544-0035

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

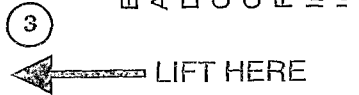
B. Received by (Printed Name) C. Date of Delivery

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 #: 2195
 Article #: 71106605959000127339
 Date/Time: 8/31/2010 12:42:25 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7346

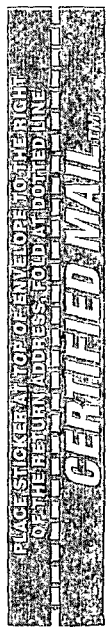
Postage	\$		Postmark Here
		\$1.05	
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

**PRISCILLA HESS WATSON
 6200 BRIAR ROSE
 HOUSTON, TX 77057**

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7346

PRISCILLA HESS WATSON
6200 BRIAR ROSE
HOUSTON, TX 77057

Batch #: 2195
 Article #: 71106605959000127346
 Date/Time: 8/31/2010 12:42:26 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 7346

1. Article Addressed to:

**PRISCILLA HESS WATSON
 6200 BRIAR ROSE
 HOUSTON, TX 77057**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

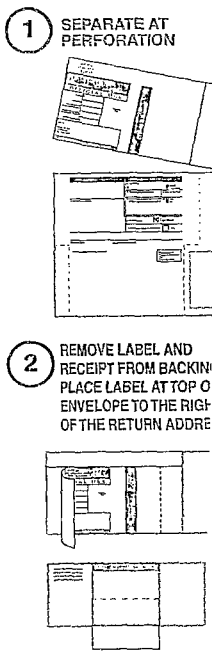
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7346

1. Article Addressed to:

**PRISCILLA HESS WATSON
 6200 BRIAR ROSE
 HOUSTON, TX 77057**

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

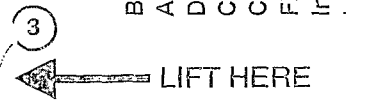
Priscilla Watson 8/31/10

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127346
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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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: PRITCHETT LIVING TRUST DTD 5 3 2001
 C/O ROLAND & APRIL PRITCHETT
 4281 TEE SHOT DR
 COLORADO SPRINGS, CO 80922

Form 3800, August 2006. See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7353

PRITCHETT LIVING TRUST DTD 5 3 2001
 C/O ROLAND & APRIL PRITCHETT
 4281 TEE SHOT DR
 COLORADO SPRINGS, CO 80922

Batch #: 2195
 Article #: 71106605959000127353
 Date/Time: 8/31/2010 12:42:26 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 7353

1. Article Addressed to:

PRITCHETT LIVING TRUST DTD 5 3 2001
 C/O ROLAND & APRIL PRITCHETT
 4281 TEE SHOT DR
 COLORADO SPRINGS, CO 80922

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

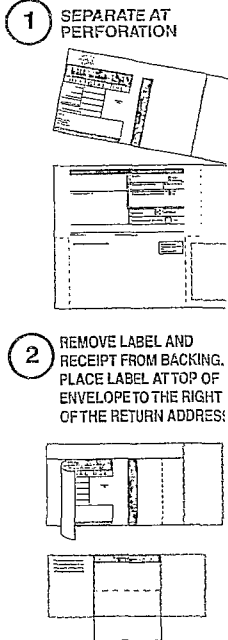
A. Signature Agent Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7353

1. Article Addressed to:

PRITCHETT LIVING TRUST DTD 5 3 2001
 C/O ROLAND & APRIL PRITCHETT
 4281 TEE SHOT DR
 COLORADO SPRINGS, CO 80922

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

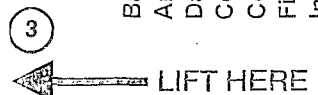
B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127353
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:





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7110 6605 9590 0012 7360

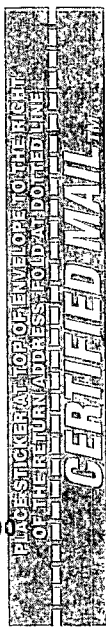
Postage	\$	\$1.05	Postmark Here
Certified Fee		\$2.80	
Return Receipt Fee (endorsement Required)		\$2.30	
Restricted Delivery Fee (endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.15	

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

PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

PS Form 3800, Article 12006, See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7360

PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

Batch #: 2195
 Article #: 71106605959000127360
 Date/Time: 8/31/2010 12:42:26 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 7360

1. Article Addressed to:

PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

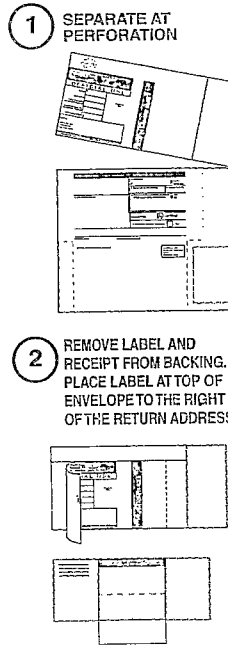
A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

7110 6605 9590 0012 7360

1. Article Addressed to:

PRODUCTION GATHERING COMPANY LP
8080 N CENTRAL EXPRESSWAY, STE 1090
DALLAS, TX 75206

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

3

Batch #: 2195
 Article #: 71106605959000127360
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

LIFT HERE



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7110 6605 9590 0012 7377

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

PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7377

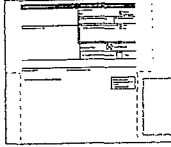
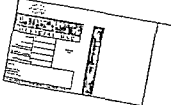
PROVIDENCE MINERALS LLC
14860 MONTFORT DR, SUITE 209
DALLAS, TX 75254

Batch #: 2195
 Article #: 71106605959000127377
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

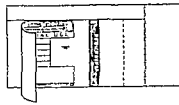
Reorder Form LCD-001 rev. 01/07

2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7377	A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
PROVIDENCE MINERALS LLC 14860 MONTFORT DR, SUITE 209 DALLAS, TX 75254	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

1 SEPARATE AT PERFORATION



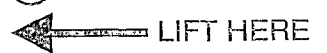
2 REMOVE LABEL AND RECEIPT FROM BACKING. PLACE LABEL AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS



2. Article Number	COMPLETE THIS SECTION ON DELIVERY	
7110 6605 9590 0012 7377	A. Signature X <i>Gayle Ellis</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) GEllis	C. Date of Delivery 9/2/10
PROVIDENCE MINERALS LLC 14860 MONTFORT DR, SUITE 209 DALLAS, TX 75254	D. Is delivery address different from item 1? If YES enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code: Allocation Project - D.Howell	3. Service Type <input checked="" type="checkbox"/> Certified	
	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

Batch #: 2195
 Article #: 71106605959000127377
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

3





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

7110 6605 9590 0012 7384

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

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Form 3800, August 2006 See Reverse for Instructions

Code: Allocation Project - D.Howell



7110 6605 9590 0012 7384

PURE RESOURCES LP
 PO BOX 730365
 DALLAS, TX 75391-0365

Batch #: 2195
 Article #: 71106605959000127384
 Date/Time: 8/31/2010 12:42:26 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 7384

1. Article Addressed to:

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

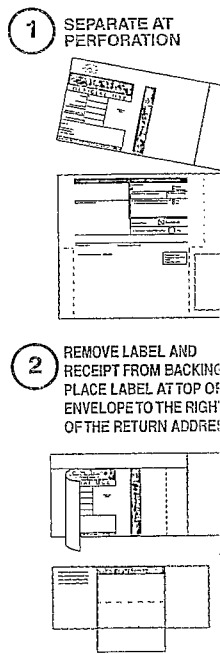
A. Signature Agent
X Addressee

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 7384

1. Article Addressed to:

PURE RESOURCES LP
PO BOX 730365
DALLAS, TX 75391-0365

Code: Allocation Project - D.Howell

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery
 05 2010

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

3. Service Type Certified

4. Restricted Delivery? (Extra Fee) Yes

Batch #: 2195
 Article #: 71106605959000127384
 Date/Time: 8/31/2010 12:42:26 PM
 Code: Allocation Project - D.Howell
 Code2:
 File #:
 Internal File #:
 Internal Code #:

